

S. No. 2
M-9-4-41
v. 5-17-39
X29484

2670

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 13

33
1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County DEPT
 (b) City or town SALEM
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community ALL OF LIFE
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County DEPT
 (c) City or town SALEM
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME PATRICA SUE JAMES
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE / race W
 5. Color or _____
 6. (a) Single, widowed, married, divorced. 1

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years

7. Birth date of deceased MAY 28 43
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 28 hr. min.

9. Birthplace SALEM Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER

12. Name WILLIAM E. JAMES

13. Birthplace REYNOLDS Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name VERGIE CARYER

15. Birthplace SHANNON Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Ed James

(b) Address SALEM, MO.

17. (a) BURIED (b) Date thereof 1-27-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation C. P. B. GAY CEM.

18. (a) Signature of funeral director Carl H. James

(b) Address SALEM, MO.

19. (a) 1-27-44 (b) Jas. D. McLeod
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 26
 year 1943 hour 6 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Branches to pneumonia
To the best of my
knowledge I never saw this baby
live after death

Other conditions _____ none
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy no

PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ no

(b) Date of occurrence _____ W

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at _____ (Specify type of place)
 Signature J. G. Gillon (M. D. or other) _____
 Address SALEM MO Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

1177

RECEIVED

District Health Officer No. 5,

District File Number 24485

Date Filed 2-4-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Carl H. Spencer

Licensed Embalmer No. 2370

P. O. Address Salem MA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.