

FILED FEB 1 1944
Registration District No. **256**

Primary Registration District No. **2001**

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

49
2
5

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
821 Jackson Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)

In this community **40 years;**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")

(d) Street No. **821 Jackson Ave.;**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

3. (a) PRINT FULL NAME **Mary E James.**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **NO**

4. Sex **Fem** 5. Color or race **white**

6. (a) Single, widowed, married, divorced, **widow**

6. (b) Name of husband or wife **J.D. James;**

6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Oct. 2, 1853**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
90	3	5		hr. min.

9. Birthplace **Alma Arkansas;**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Harvey Steward**

13. Birthplace **Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Agnes Ratliff**

15. Birthplace **Louisiana;**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. Edd D. James**

(b) Address **Joplin Mo**

17. (a) **Burial** (b) Date thereof **1/11/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery Hurlbut Und. Co;**

18. (a) Signature of funeral director **Joplin Mo;**

(b) Address **Joplin Mo;**

19. (a) **1-9-44** (b) **Gettuso Sudholter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan. 7,** day **1944**
year **1944** hour **5-25 P.** Minute **M.**

21. I hereby certify that I attended the deceased from **Dec. 27, 1943** to **Jan. 7, 1944**
that I last saw her alive on **Jan. 7, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pericarditis - myocardium (9 weeks)**

Due to _____

Due to _____

Other conditions **X**
(Include pregnancy within 3 months of death)

Major findings: Of operations **X**

Of autopsy **X**

Duration **10 days**

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) _____

(b) Date of occurrence _____

(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?
(Specify type of place) (Specify means of injury)

23. Signature **O. T. Blanche** (M. D. or other) **MD**

Address **Joplin, Mo.** Date signed **1-9-44**

44-1-26

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..... *Jerry T. Gurebeck*

Licensed Embalmer No..... *959*

P. O. Address..... *Joplin Mo*

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.