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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3693

State File No.

FILED FEB 10 1943

Registration District No. 2 42

Primary Registration District No. 4362

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 12

(a) State Mi ssouri (b) County New Madrid 3

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lena L. James

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife William M. James

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 5 (Month) 23 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	4	9	hr. min.

9. Birthplace Morehouse (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Roberts
13. Birthplace Weeling (City, town, or county) W.Va. (State or foreign country) /

MOTHER
14. Maiden name Elizabeth Douglas
15. Birthplace Ullen (City, town, or county) Illinois (State or foreign country) /

16. (a) Informant William M. James
(b) Address Morehouse Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/43 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director H.W. Albritton
(b) Address Sikeston Mo.

19. (a) Oct 30 (Date received local registrar) (b) Mae Brown (Registrar's signature)

1032

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2 year 1943 hour 8 minute 45 a M.

21. I hereby certify that I attended the deceased from 9-25, 1943, to 10-2, 1943; that I last saw her alive on 10-2, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Gall Bladder

Due to Chr. Cholecystitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 5 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

127 b 2

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)

While at work? (e) Means of injury 0

23. Signature L. M. James M.D. (M. D. or other)

Address Morehouse, Mo. Date signed 10-3-43

(Licensed Embalmer's Statement on Reverse Side)

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

Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.