

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

Registration District No. 11

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5041

State File No.

6479

Registrar's No.

5

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Barry
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4 mi. S.E. of Cassville
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60 years
 In this community 60 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Alexander Emmans James

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex M5. Color or
Race W6. (a) Single, widowed, married,
Divorced Widowed

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased July 28, 1870
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

73525

hr. _____ min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

Farming

12. Name

Dock James

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

unknown

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Luther Jones

(b) Address

Cassville, Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

1-25-44
(Month) (Day) (Year)

(c) Place: burial or cremation

Carinth Cem.

18. (a) Signature of funeral director

W. D. Hoan

(b) Address

Cassville, Mo.

19. (a)

Jan 25-1944
(Date received local registrar)

(b)

Grace Williams
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry
 (c) City or town Barry
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 mi. S.E. of Cassville
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
 year 1944 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec. 14
1932 to Jan. 23, 1944
 that I last saw him alive on Jan. 23, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death

apoplexy

Duration

2 Mo.

Due to

Due to

Essential Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

E. B. Williams

Address

Cassville, Mo.Date signed 1/24/44

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 244-288

Date Filed FEB 25 1944

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

Not embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

W. C. Koon

Licensed Embalmer No.

4359

P. O. Address

Cassville, 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.