

FILED MAR 13 1945

Registration District No.

Primary Registration District No.

3127

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jane Chinn Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 63 years
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Mrs. Amanda James

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased March 12, 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 23 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name James W. Holmes
13. Birthplace Salem, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Moxley
15. Birthplace Nashville, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Dau. Mrs. Gordon Moon
(b) Address Webb City, Missouri
17. (a) burial (b) Date thereof 2/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director W. J. Nelson
(b) Address Webb City, Missouri

19. (a) Feb 10, 1944 (b) Mrs. Lillie Dagle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 309 South Tom Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th
year 1944 hour 3:30 minute 0 P. M.

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

Immediate cause of death Arteriosclerosis
Due to Arteriosclerosis

Other conditions 83a1
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83a1
Of autopsy 83a1

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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature W. J. Nelson (M. D. or other) 2
Address Webb City, Missouri Date signed 2/11/44

44-2-228

Henry

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.....

Licensed Embalmer No.....

P. O. Address.....

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.