

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12391
Registrar's No. 57

FILED APR 14 1944
Registration District No. 1940

Primary Registration District No. 6225

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution State Hosp # 32
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs 3 months
(Specify whether)

In this community Same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boyer ¹⁰⁸

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Horace Byrd James

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 12, 1938, to March 19, 1944
that I last saw him alive on March 19, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edith James 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased: April 2, 1877
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to Sclerosis

Due to Syphilis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 309

Of autopsy

8. AGE: Years 66 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation Cigar Maker

11. Industry or business

12. Name James

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

14. Maiden name Mary Sullinger

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

16. (a) Informant Wesley Reed

(b) Address Nevada, Missouri

17. (a) Burial (b) Date thereof Mar 22, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Weth City Ind Co

(b) Address Weth City, Mo

19. (a) 3-21-44 (b) Hoyle B. Search
(Data received local registrar) (Registrar's signature)

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? No (e) Means of injury

23. Signature W. J. Cooney (M. D. or other)
Address Nebraska Date signed 3/29/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1331

Harold Bewick
104 1/2 W Walnut
9th Wash. Lee

RECEIVED

District Health Officer No. 71

District File Number 3-44-521

Date Filed 4-12-44

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 myself,

Registered Apprentice No. _____

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4604

P. O. Address Webb City, 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.