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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21011

Registration District No. FILED JUL 13 1944 Primary Registration District No. 5057 Registrar's No. 44

1. PLACE OF DEATH:

(a) County Barry

(b) City or town "Rural"-Kings Prairie Twsp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community Practically all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town "Rural" (If outside city or town limits, write "RURAL") 0

(d) Street No. Kings Prairie Township (If rural, give location)

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

If yes, name country none 0

3. (a) PRINT FULL NAME John Monroe James

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Mary Ballay James

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased September 14 1890 (Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 0 If less than one day ___ hr. ___ min.

9. Birthplace Barry County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

FATHER
12. Name William James
13. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Brandt
15. Birthplace Barry County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs John James

(b) Address RFD 2 Monett Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Corinth Cem - Barry Co Mo

18. (a) Signature of funeral director Callaway's

(b) Address Monett Mo

19. (a) June 16 1944 (Date received local registrar) (b) Audna Willoughby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1944 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from June 10 - 1944, to June 14 - 1944 that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious Anemia	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

73a

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)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address Monett Mo Date signed 6-16-44

13.20

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 774-776
Date Filed JUL 11 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 .....

..... ; Registered Apprentice No. .....

working under my personal supervision.

Signed J. R. Burnham

Licensed Embalmer No. 3179

P. O. Address Moultrie Ga.

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.