

FILED AUG 3 1944
Registration District No. **3012**

Primary Registration District No. **3012**

1. PLACE OF DEATH
(a) County **C. Lay**
(b) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Excelsior Springs Hospital**
(If not in hospital or institution, give street number and location)
(d) Length of stay: In hospital or institution **0** (Specify whether)
In this community **0** years, months or days

3. (a) PRINT FULL NAME **ANN RALSTON JAMES.**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married **2 divorced (widowed)**
6. (b) Name of husband or wife **FRANK JAMES.** 6. (c) Age of husband or wife if alive years **25** 1853
7. Birth date of deceased **JAN 25 1853**
(Month) (Day) (Year)

8. AGE: Years **91** Months **5** Days **11** If less than one day hr. min.

9. Birthplace **Independence Mo. U**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Samuel Ralston**

13. Birthplace **Ireland U**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Hill**

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

16. (a) Informant **Mrs. Robt. F. James**

(b) Address **Kearney Mo.**

17. (a) **Cremation** (b) Date thereof **7-7-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Excelsior Springs R.C.**

18. (a) Signature of funeral director **Leonard Fry**

(b) Address **Kearney Mo.**

19. (a) **7-7-44** (b) **Mrs. Madeline Ralston**
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Clay** 24
(c) City or town **Kearney (Rural)** 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** 6. day
year **1944** hour **6** minute **2** M.

21. I hereby certify that I attended the deceased from **July 2** - **July 6** 19**44**
that I last saw him alive on **July 15** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute cardiac failure**

Due to **arterio-sclerosis +**
hypertrophy

Due to **senility**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 plane) (c) Means of injury

While at work? (Specify type of plane)

23. Signature **Leonard Fry** (M. D. or other)

Address **Excelsior Springs Mo.** Date signed **7-6-44**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-3-44

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

working under my personal supervision.

Signed

Registered Apprentice No.

Licensed Embalmer No. 1677

P. O. Address Kearney 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.