

FILED OCT 4 1944
Registration District No. **41844**

Primary Registration District No. **4339**

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

1. PLACE OF DEATH:

(a) County **MONROE**

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

(c) Name of hospital or institution: **E. CALDWELL ST.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)

In this community **6 Mo.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO**

(b) County **MONROE**

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

(d) Street No. **E. CALDWELL ST.**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country **✓**

3. (a) PRINT FULL NAME **GEORGE WILLIAM JAMES**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **14**
year **1944** hour **1** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **10** to **1944** to **SEPT 16**, 19**44**
that I last saw ~~him~~ **her** alive on **SEPT 16**, 19**44**
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 **MARY M. JAMES** 6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **APR. 27, 1867**
(Month) (Day) (Year)

Immediate cause of death **Myxo-carditis** Duration **2 1/2**

8. AGE: Years **77** Months **4** Days **19** If less than one day hr. min.

9. Birthplace **MONROE CO., MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name **WILLIAM PLES JAMES**

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

14. Maiden name **FANNIE BRUNER**

15. Birthplace **NI, K., A.**
(City, town, or county) (State or foreign country)

Major findings: Of operations **93ed**

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **George P. James**

(b) Address **PARIS, MO.**

17. (a) **BURIAL** (b) Date thereof **SEPT. 17, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HOLLIDAY, MO.**

18. (a) Signature of funeral director **Speed Blakey**
Paris, Missouri

(b) Address _____

19. (a) **9-16-44** (b) **Thorne**
(Date 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? _____

While at work? _____ (Specify type of place)

(b) Means of injury _____

23. Signature **Geo W. [unclear]** (M. D. _____)

Address **PARIS, MO.** Date signed **9-16-44**

RECEIVED

District Health Officer No. 10

District File Number 10-44-1641

Date Filed OCT 3 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 *Rayon L. Keeley*

Licensed Embalmer No. 4225

P. O. Address Paris, Missouri

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.