

V. S. No. 2  
50M-5-42  
Rev. 5-17-39  
X32873

31360

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 4 1944  
Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 03

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. MONROE ST. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 1 Year  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Paris 2  
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_ 1

3. (a) PRINT FULL NAME Joshua Braxton James

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 17th  
year 1944 hour 7 minute 30A.M.

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced, Single 0

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 30 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 2 1944 to Sept. 17, 1944  
that I last saw him alive on Sept. 17, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68 I 18 hr. min.

Immediate cause of death: Chronic myocarditis and my cerebral degeneration N.E.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joshua James

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

14. Maiden name Amanda Gentry

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

Major findings: Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Frank James

(b) Address Monroe City, Mo

17. (a) Burial (b) Date thereat 9/18/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetary

18. (a) Signature of funeral director Dilona Sane

(b) Address Monroe City, Mo

19. (a) 9-18-1944 (b) Mayn Gatz  
(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) (e) Means of injury MD

23. Signature F. A. Barnett (M, D, or other) \_\_\_\_\_  
Address Paris, Mo Date signed 9-18-44

1374

(Licensed Embalmer's Statement on Reverse Side)

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

69  
2  
0

RECEIVED

District Health Officer No. 10

District File Number 10-44-1639

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 By me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Leola Wilson

Licensed Embalmer No.

7014

P. O. Address

Memphis City, Tenn

**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.**