

FILED JAN 9 1945
Registration District No. **42**

Primary Registration District No. **5126**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Wallace
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) _____
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 2 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town Wallace
 (d) Street No. _____
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Edward Page
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex male 5. Color or race White
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 7 1934
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 1 21 hr. min.

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

10. Usual occupation student
 11. Industry or business Public School

MOTHER FATHER
 12. Name James Wilson Page, Jr.
 13. Birthplace Platte County, Missouri
 14. Maiden name Jessie Trail
 15. Birthplace Ava Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. James W. Page, Jr.
 (b) Address Wallace, Mo.

17. (a) burial (b) Date thereof 12/31/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Judah Cemetery, Wallace, Buchanan Co., Mo.
 18. (a) Signature of funeral director W. L. Bowman
 (b) Address 319 So. 10th Street, Wallace, Mo.
 19. (a) 12/28/44 (b) Walter J. Drake
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 23
 year 1944 hour 4 minute 50A M.
 21. I hereby certify that I attended the deceased from Dec. 24, 19 44 to Dec. 27, 19 44
 that I last saw him alive on Dec. 27, 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia-lobar, right lower lung
 Duration 2 1/2 da

Due to complications of chicken pox and German measles 1 week

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 38°
 Of operations _____
 Of autopsy _____
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 2
 23. Signature C. L. Plath - M.D. (M.D. or other) D.O.
 Address DeKalb, Mo. Date signed 12/23/44

EXPIRES JAN 1 1945

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

Frank A. Conway

Licensed Embalmer No.

1710

P. O. Address

St Joseph 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.