

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 257

FILED JAN 15 1945

Registration District No. 297

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County RANDOLPH
 (b) City or town MOBERLY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution WOODLAND HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 WEEKS (Specify whether)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME AMANDA ELIZABETH JAMES

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife THOMAS ARTHUR JAMES 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased OCT 5 1884
 (Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 10 If less than one day hr. _____ min. _____

9. Birthplace MONROE Co., Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name WILLIAM E. SIMON II

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

14. Maiden name M.R.

15. Birthplace PALMYRA Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant T.E. James

(b) Address SHELBYNA, Mo.

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

(c) Place: burial or cremation WALNUT GROVE, PARIS

18. (a) Signature of funeral director Speed Blakey

(b) Address Paris, Missouri

19. (a) 12-17-44 (b) Irma Hove
 (Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 61
 (c) City or town RURAL - WASHINGTON TWP.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 11 1/2 MI. N. OF PARIS
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 15
 year 1944 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from Nov. 24 1944 to Dec 15 1944
 that I last saw her alive on Dec 15 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute intestinal obstruction Duration About 1 month

Due to Carcinoma descending colon

Due to _____

Other conditions 462
 (Include pregnancy within 3 months of death)

Major findings: Obstructing carcinoma descending colon

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R.D. Street (M. D. MD)

Address MOBERLY, Mo. Date signed 12-16-44

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

RECEIVED

District Health Officer No. 10

District File Number 1-45-127

Date Filed JAN 12 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 _____

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.