

FILED JAN 10 1945
Registration District No. **329**

Primary Registration District No. **1185**

Registrar's No. **46**

1. PLACE OF DEATH:

(a) County **Scott**
(b) City or town **Fornsbelt**
(If outside city or town limits, write "RURAL" and name of township)
(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 **1**
(Specify whether years, months or days) **38 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Scott 100**
(c) City or town **Fornsbelt**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Sarah 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 **Widow**
6. (b) Name of husband or wife **William James** alive, years
7. Birth date of deceased **Dec 7, 1856**
(Month) (Day) (Year)

8. AGE: Years **88** Months **-** Days **1**
If less than one day hr. min.

9. Birthplace **Johnson Co Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

MOTHER, FATHER { 12. Name **Wm. Taylor**
13. Birthplace **Ill**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Ann Branchcamp**
15. Birthplace **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Margaret McAlexander**

(b) Address **Capel Swadesw, Mo**

17. (a) **Burial** (b) Date thereof **12-10-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memoriah Park**

18. (a) Signature of funeral director **Bisplinghoff Hubbard**

(b) Address **Ill mo, Mo**

19. (a) **12/11/44** (b) **Mrs W. L. Tomlinson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **8**
year **1944** hour **6** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec. 6, 1944** to **Dec. 8, 1944**;
that I last saw her alive on **Dec. 8, 1944**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia** Duration **2 days**

Due to **108**
Due to

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings: 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?

White at work? (Specify type of place) (e) Means of injury
23. Signature **[Signature]** (M. D. or other) **II. D**
Address **Ill mo, Mo** Date signed **12-9-44**

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

RECEIVED

District Health Office No. 2,

District File Number 145-7

Date Filed 1-5-45

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 Marnie Bueplinghoff

Licensed Embalmer No. 3242

P. O. Address Choffee 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.