

FILED JAN 16 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. **3075**

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

1. PLACE OF DEATH:  
(a) County **Howell**  
(b) City or town **West Plains, Mo**  
(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 \_\_\_\_\_  
(Specify whether years, months or days) **5 yrs.**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Howell**  
(c) City or town **West Plains**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Eliz James**  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **11** day **22**  
year **1944** hour **about 8:30 P.** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **w**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years  
7. Birth date of deceased **March 1874**  
(Month) (Day) (Year)

Immediate cause of death **Dropped dead while hunting in woods—evidently**  
Due to **heart failure**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years **70** Months **8** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Clay Co. Mo**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Automobile dealer**

11. Industry or business \_\_\_\_\_  
12. Name **H. M. James**  
13. Birthplace **Shelby Co. Ky.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Martha Meyers**  
15. Birthplace **Mason Co. Ky.**  
(City, town, or county) (State or foreign country)

Major findings: Of operations **194**  
Of autopsy \_\_\_\_\_

16. (a) Informant **Ed James**  
(b) Address **Julia Okla.**  
17. (a) \_\_\_\_\_ (b) Date thereof **11-25-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation **Oak Lawn**  
18. (a) Signature of funeral director **B. B. Hamilton**  
(b) Address **West Plains, Mo**  
19. (a) **12-2-44** (b) **Eliz James**  
(Date received local registrar) (Registrar's signature)

23. Signature **Eliz James** (M.D. or other) \_\_\_\_\_  
Address **West Plains, Mo** Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 3,

District File Number 14516

Date Filed 1-13-45

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 J. D. Robertson

Licensed Embalmer No. 3437

P. O. Address West Haven, Conn.

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.