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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1945

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12875

Primary Registration District No. 1000

Registrar's No. 443

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 309 South 13th. Street, (If not in hospital or institution, write street number or location)

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

In this community 48 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")

(d) Street No. 309 South 13th. Street, (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara James,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Isaac James,

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

7. Birth date of deceased February 7th. 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	2	12	hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name John Griffith,

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

14. Maiden name Eliza Thomas,

15. Birthplace Unknown, Wales, (City, town, or county) (State or foreign country)

16. (a) Informant Miss Chesney James,

(b) Address 309 South 13th. Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Heaton-Boyle Mortuary

(b) Address 319 So. 10th. Street,

19. (a) 4/21/45 (Date received local registrar) (b) Velma I. Gable (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th. year 1945 hour viewed 5:00 minute p. M.

21. I hereby certify that I attended the deceased from April 19th, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) none	
Major findings: Of operations none	
Of autopsy none	

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

23. Signature B. W. Tadlock Coroner (M. D. or other)

Address King Hill Bldg Date signed 4/20/45

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(Licensed Embalmer's Statement on Reverse Side)

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 Herald T. Wade

Licensed Embalmer No. 4172

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.