

FILED MAY 31 1945

Registration District No. 176

Primary Registration District No. 3026

Registrar's No. 92

1. PLACE OF DEATH

(a) County Johnson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Independence Sanitarium & Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 hr (Specify whether)
In this community Newborn years, months or days

3. (a) PRINT FULL NAME

Baby James

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased April 15 45 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 9 hr. min.

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

10. Usual occupation Newborn

11. Industry or business

12. Name John Julius James

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

14. Maiden name Virginia Martha Patterson

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

16. (a) Informant Father

(b) Address Sibley Mo.

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

(c) Place: burial or cremation Buckner Cem.

18. (a) Signature of funeral director V. M. Ruppert

(b) Address Buckner Mo.

19. (a) 4-17-45 (Date received local registrar) (b) James C. Ross (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Newborn

(a) State Mo. (b) County Mo.
(c) City or town Independence (If outside city or town limits, write "RURAL")
(d) Street No. 1st (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1945 hour 17 minute 40 A.M.

21. I hereby certify that I attended the deceased from April 15, 1945, to April 15, 1945, that I last saw him alive on April 15, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death, Pneumonia (6 mos gestation) Duration

Due to Unknown cause (This is the 4th pregnancy - the other 3 terminated spontaneously at 4 1/2 - 4 3/4 + 6 mos)
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None 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?

While at work? Yes (Specify type of place) (Specify type of injury)

23. Signature James C. Ross (M. D. or other) MD
Address Independence Mo. Date signed 4-16-45

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.....

was prepared for Casket....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *V. M. Reppert*.....

Licensed Embalmer No..... *2 3 2 1*.....

P. O. Address..... *Buckner, 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.