

FILED NOV 3 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 262

Primary Registration District No. 4394

Registrar's No. 2

1. PLACE OF DEATH:

(a) County. Ozark
 (b) City or town. Bakersfield Mo
 (c) Name of hospital or institution:
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)
 In this community. 60 yrs years, months or days

3. (a) PRINT FULL NAME. Harold Brown, James

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

4. Sex. M 5. Color or race. Wht 6. (a) Single, widowed, married, divorced. M

6. (b) Name of husband or wife. Anna James 6. (c) Age of husband or wife if alive. 64 years

7. Birth date of deceased. Apr 14 1888 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 6 7 hr. min.

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

10. Usual occupation. Retired Merchant

11. Industry or business.

12. Name. John James James

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

14. Maiden name. James (City, town, or county) (State or foreign country)

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

16. (a) Informant. Edgar James

(b) Address. West Plains Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof. 10/21/45 (Month) (Day) (Year)

(c) Place: burial or cremation. Bakersfield

18. (a) Signature of funeral director. Robertson

(b) Address. West Plains Mo

19. (a) 10-30-1945 (Date received local registrar) (b) Carl Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Ozark
 (c) City or town. Bakersfield Mo (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18 year 45 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-2 1945 to 10-18 1945.
 that I last saw him alive on Oct 18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death. myocarditis Duration

Due to Old age Debility

Due to

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

Major findings: Of operations. 938

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature. Deborah Doan (M. D. or other)

Address. Bakersfield Mo Date signed 10-27-45

JAN 25 1946

MAR 8 1946

MAR 7 1946

FEB 18 1946

FEB 1 1946

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

Harold Robertson

Licensed Embalmer No. 3435

P. O. Address _____

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.