

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **2024**
Registrar's No. **6**

FILED FEB 11 1946

Registration District No. **30**

Primary Registration District No. **5101**

1. PLACE OF DEATH:

(a) County **Benton**
(b) City or town **Bentonville (Mud)**
(c) Name of hospital or institution **Alexander**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **All of Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Clarence Alvadere JAMES**

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

4. Sex **MALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **BERTHA JAMES** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **4 3 13 1870**
(Month) (Day) (Year)

8. AGE: Years **75** Months **9** Days **16** If less than one day hr. min.

9. Birthplace **W. Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

12. Name **CARL JAMES**

13. Birthplace **W. Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **ANNA TAGGART**

15. Birthplace **W. Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dimple JAMES**

(b) Address **Bentonville**

17. (a) **BURIAL** (b) Date thereof **1-30-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shiloh Cemetery**

18. (a) Signature of funeral director **Albert H. H. H. H.**

(b) Address **Wheatsland, Mo.**

19. (a) **1-29-46** (b) **Jas. A. Logan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**
(c) City or town **Bentonville**
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **29**
year **1946** hour **9** minute **17** M.

21. I hereby certify that I attended the deceased from **1-29-46** to **1-29-46**
that I last saw him alive on **Dec. 31** 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **20 yrs**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **James A. Logan** (M. D. or other)

Address **Warsaw, Mo.** Date signed **1-29-46**

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.....

William C. Mendenhall, Registered Apprentice No. 396,
working under my personal supervision.

Signed Chas Gilbert Hathaway

Licensed Embalmer No. 9267

P. O. Address Wheatland, 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.