

FILED FEB 15 1946
Registration District No. 188

Primary Registration District No. 4300

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Laclede
(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 _____)

In this community all her life
years, months or days

3. (a) PRINT FULL NAME JOSEPHINE JAMES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 25 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Laclede, Linn Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Richard James

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

14. Maiden name Malinda Price

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

16. (a) Informant Richard James

(b) Address 4207 1/2 W. Page St. St. Louis, Mo.

17. (a) Burial (b) Date thereof Jan. 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede, Mo. Cem.

18. (a) Signature of funeral director M. J. Thomas

(b) Address Laclede, Linn Co., Mo.

19. (a) Jan 8 - 1946 (b) Chris G. Masten
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Laclede
(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 Jan. day 6
year 1946 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from _____, 1946, to Jan. 6, 1946, that I last saw her alive on Jan. 6, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to Cerebral hemorrhage 24 hrs.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy g3w

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 David B. Lucas (M.D. or other) _____
Address Laclede, Mo. Date signed 1-8-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1502

**DISTRICT HEALTH OFFICE
Cameron, Mo. -**

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 me

My Thorne, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2876

P. O. Address Rolla, 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.