

FILED FEB 12 1948

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 56 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alfred B. James

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

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

7. Birth date of deceased April 21, 1861 (Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 30 If less than one day hr. min.

9. Birthplace Canada (City, town, or country) (State or foreign country)

10. Usual occupation Building Contractor

11. Industry or business

12. Name James
13. Birthplace Scotland (City, town, or country) (State or foreign country)
14. Maiden name Brown
15. Birthplace no record (City, town, or country) (State or foreign country)

16. (a) Informant Ed E. Nugent
(b) Address 1727 Empire St.

17. (a) Burial (b) Date thereof 1-22-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.

19. (a) 1-24-46 (b) Ed E. Nugent (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1727 Empire St. (If rural, give location)
(e) Citizen of foreign country? Naturalized Citizen. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20 year 1946 hour 8-00 A.M. minute M.

21. I hereby certify that I attended the deceased from 10/22 to 1/20 1946 that I last saw him alive on Jan 8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart disease
Due to Arteriosclerosis
Due to Diabetes mel

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 6/1/46 Of autopsy 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 1

23. Signature W. H. Hurlbut (M. D. or other) Address Joplin Mo. Date signed 1/21/46

46-1-88

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.....

Licensed Embalmer No.....

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.