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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9811**

**FILED** APR 6 1946  
Registration District No. **296**

Primary Registration District No. **3026**

Registrar's No. **83**

1. PLACE OF DEATH: **Jackson**

(a) County **Independence**

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

(d) Length of stay: In hospital or institution **2 weeks**  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **31**

(c) City or town **Gallatin**  
(If outside city or town limits, write "RURAL")

(d) Street No. **0**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JAMES MADISON SEARLES**

3. (b) If veteran, name war **none**

3. (c) Social Security No. \_\_\_\_\_

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Cecile Searles**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **September 15 1869**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>5</b>	<b>18</b>	hr. min.

9. Birthplace **Unknown Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

MOTHER, FATHER

11. Industry or business \_\_\_\_\_

12. Name **Isaac Searles**

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

14. Maiden name **"**

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

16. (a) Informant **Mrs. Cecile Searles**

(b) Address **Gallatin Missouri**

17. (a) **Cremation** (b) Date thereof **3-6-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Columbarium**

18. (a) Signature of funeral director **Geo. C. Carson**  
**Independence Missouri**

(b) Address \_\_\_\_\_

19. (a) **Mar 16, 1946** (b) **James Searles**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3** year **1946** hour **7** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **2/18/46** to **3/3** 1946;  
that I last saw him alive on **3/3** 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**

Duration **18 mos**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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) (M.D. or other)

23. Signature **Chas. F. Grabske** (M. D. or other)

Address **129 W Lexington St.** Date signed **3/4/46**

**354** (Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

*George A. Larson*

Licensed Embalmer No. *2249*

P. O. Address. *Indep. 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.**