S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1946

State File No. 16176

Registration District No. 98

Primary Registration District No. 5359

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town "Rural" Grand River Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2½ Miles S. E. Jameson, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 3

(c) City or town "Rural" Grand River Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 2½ Miles S. E. Jameson
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Alphus Virgin

3. (b) If veteran, name war None

3. (c) Social Security No. 500-28-5662

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Angie L. Virgin

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

7. Birth date of deceased July (Month) 7 (Day) 1882 (Year)

8. AGE: Years 63 Months 10 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace New Charleston (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farming & Laborer

11. Industry or business

FATHER
12. Name Charles H. Virgin
13. Birthplace Bolinger Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Jane Barnhill
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs. Angie Virgin
(b) Address Jameson, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington, K. C.

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Mo.

19. (a) May 28-1946 (Date received local registrar) (b) Virginia M Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1946 hour 3 minute 20 A M.

21. I hereby certify that I attended the deceased from Jan 1, 1945, to May 21, 1945, that I last saw him alive on May 20, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
mitral lesion	6 mths
Enlargement of Heart	
Due to pericardial effusion.	
Secondary anemia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

95

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

23. Signature H W Barley DD (M. D. or other)
Address Gallatin, Mo Date signed 5/23/46

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(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1946

6-7-46

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lenna L Hope

Licensed Embalmer No. 2162

P. O. Address Gallatin, 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.