

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27928

Registration District No. 271

Primary Registration District No. 5911

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural Bragg City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 Years (Specify whether years, months or days)
In this community 34 Years

3. (a) PRINT FULL NAME Alvah Tucker James

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorcas James 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased January 27, 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Webster, Co., Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant and Farmer

11. Industry or business

12. Name Ed James
13. Birthplace Webster, Co., Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Maudie Tucker
15. Birthplace Prydesburg, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Russell James
(b) Address R. 1 Bragg City, Mo.

17. (a) Removal (b) Date thereof 7/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. J. Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 9-16-46 (b) Mrs. Annie Furnage
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Rural Bragg City
(If outside city or town limits, write "RURAL")
(d) Street No. R. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1946 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 5, 1946 to July 25, 1946
that I last saw him alive on July 17, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

Due to Chronic Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None

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) (e) Means of injury

23. Signature E. C. Costin (M. D. examiner)
Address Caruthersville, Mo. Date signed 8/1/46

4-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

James A. Osburn

Licensed Embalmer No.....4185

P. O. Address.....Caruthersville, 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.