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

State File No. 29308

FILED SEP 10 1946

Registration District No. 221 — Primary Registration District No. 4497 — Registrar's No. 7677

1. PLACE OF DEATH:
(a) County: Shelby County
(b) City or town: Clarence, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Shelby 102
(c) City or town: Clarence, Mo.
(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 David Weems Jr.
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: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April 13th 1943 (Month) (Day) (Year)
8. AGE: Years 3 Months 4 Days 8 If less than one day hr. min.
9. Birthplace: Shelby County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
MOTHER FATHER
12. Name: James David Weems
13. Birthplace: Shelby County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Thelma Gene White
15. Birthplace: Shelby County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: James David Weems
(b) Address: Clarence, Missouri
17. (a) Burial (Burial, Cremation, Removal) (b) Date thereof: 8-24-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Clarence, Mo.
18. (a) Signature of funeral director: Million & Barkelew
(b) Address: Clarence, Mo.
19. (a) Aug 31-46 (Date received by local registrar) (b) Ruth Joyner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st year 1946 hour 8 minute 30P.M.
21. I hereby certify that I attended the deceased from May, 1946 to Aug 21, 1946 that I last saw him alive on Aug 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Multiple Gliomata of Brain	4 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Multiple Gliomata which could not be removed.
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: D. L. Harlan M.D. (M.D. or other)
Address: Clarence, Mo Date signed: Aug 26 1946

(Licensed Embalmer's Statement on Reverse Side)

307

RECEIVED
District Health Officer No. 10
District File Number 9:46:1651
Date Filed SEP 7 1946

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 C W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelburne Mass

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.