

FILED DEC 9 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1331

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

1. PLACE OF DEATH: Buchanan

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 507 Middleton St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 507 Middleton St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JAMES-A-GIVEN-SR.

3. (b) If veteran, name war No

3. (c) Social Security No. not stated

4. Sex Male

5. Color or race Wbl

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

6. (b) Name of husband or wife Opal

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased July 23 1905
(Month) (Day) (Year)

8. AGE: Years 41 Months 4 Days 5 If less than one day hr. _____ min. _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Steamfitter - plumber

11. Industry or business _____

12. Name Charles S. Given

13. Birthplace Buchanan Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Cora Hestabach

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

16. (a) Informant Mrs. Jas. G. Given

(b) Address 507 Middleton

17. (a) - B - (b) Date thereof Nov 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Care

18. (a) Signature of funeral director Blaney Funeral Home

(b) Address St. Joseph Mo

19. (a) Dec. 3, 1946
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 28
year 1946 hour 12:05 minute 0 M.

21. I hereby certify that I attended the deceased from 1/8 - 11/28 1946
that I last saw him alive on 11/27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 24 days

Due to: malignant arterial hypertension 2 yrs

Due to: _____

Other conditions: myocardial insufficiency 11 mos.

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? _____

(Specify type of place) _____

While at work? _____ (c) Means of injury _____

23. Signature: S. T. Blaney (M. D. or other) _____
Address: 1218 N. 3rd St. Date signed: 11/29/46

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 John Roy Stoney

Licensed Embalmer No. 2435

P. O. Address H. Joseph

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.