

FILED NOV 25 1946
Registration District No. **178**

Primary Registration District No. **5661**

Registrar's No. **101**

1. PLACE OF DEATH:

(a) County **LEWIS**
(b) City or town **Rural**
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 wk.**
In this community **2 wk.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI**, (b) County **LEWIS**
(c) City or town **EWING, RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HENRY Gilbert James**

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

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **march 12 1888**
(Month) (Day) (Year)

8. AGE: Years **58** Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace **Monroe Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **John A James**

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

14. Maiden name **Pearl Whittey**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Bert Snow**
(b) Address **Ewing, Mo.**

17. (a) **Burial** (b) Date of death **Nov. 15, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Puney, Ill**

18. (a) Signature of funeral director **Thomas Hall**
(b) Address **Ewing Mo.**

19. (a) **11/14/46** (b) **DW Jennings M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **11** year **1946** hour **17** minute **P.** M.

21. I hereby certify that I attended the deceased from **11** 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to _____

Due to _____

Other conditions **Diabetic coma**
(Include pregnancy within 3 months of death)

Major findings: **sw legs**
Of operations _____

Of autopsy **U**

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 _____ about home, on farm, in industrial place, in public place?
at home
While at work _____ (Specify type of place)
(e) Means of injury **Car**

23. Signature **Paul J. Buckley** (M.D. or other) _____
Address **Ewing, Mo.** Date signed **11/17/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

76
0
0

36489

6
7

RECEIVED
District Health Officer No. 10
District File Number 10-46-2098
Date Filed NOV-22-1946

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..... *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address..... *Ewing, 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.