

FILED JAN 2 1947

Registration District No. 53

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau, Mo.
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
725 S. Ellis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution In neither
(Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT
FULL NAME

Claud A. James

3. (b) If veteran,
name war ---

3. (c) Social Security
No. ---

4. Sex Male 5. Color or
race White 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Francis G. James 6. (c) Age of husband or wife if
alive 68 years
7. Birth date of deceased April 3, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 20 hr. min.

9. Birthplace Frankford Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation attorney (not member of bar)

11. Industry or business

12. Name Augustus James

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Victoria Suttan

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances G. James

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof Dec 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director W. B. Jones, Jr.

(b) Address Cape Girardeau, Mo.

19. (a) 12-17-1946 (b) C. S. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 725 S. Ellis
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1946 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from
Oct. 3 1946 to Dec. 23 1946
that I last saw him alive on Dec. 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs

Due to ---

Due to ---

Other conditions Cancer of Colon 2 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations 466

Of autopsy ---

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 William J. Oehler (M. D. or other)

Address Cape Girardeau, Mo. Date signed 12/27/46

JUN 12 1947

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12-30-46
Date Filed 12-30-46

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.....

Licensed Embalmer No. 3810

P.O. Address Cape Girardeau, 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.