Restriction District No. 3 Primary Restriction District No. 3 0 1 Restrict No. 4 3 1  1. PLACE OF BEATH  1. PLACE OF BEATH  1. PLACE OF BEATH  1. O County Cape Girardeau, Mo.  (a) State Missouri (b) County Cape Girardeau  (b) City or town.  (c) Name of hospital or institution:  (d) State Missouri (b) County Cape Girardeau  (d) State Missouri (b) County Cape Missouri (b) County Cape Missouri (b) City Cape Missouri (b) Cape Missouri (b) City Cape Missouri (b) Cape Mis	S. No. 2 0M—2-43 v. 5-17-39	Durant on and Causes and	EALTH OF MISSOURI FICATE OF DEATH  State File No. 39853
(a) County Cape Girardeau Mo. (b) City or town (1 county cape Girardeau Mo. (c) City or town (1 county cape Girardeau Mo. (d) City or town (1 county cape Girardeau Mo. (e) City or town (1 county cape Girardeau Mo. (f) City or town (1 county cape Girardeau Mo. (c) City or town (1 county cape Girardeau Mo. (d) Street No. 725 S. Ellis (d) City or town (1 county) (1 co		Registration District No	3
3. (b) If veteran, name war  No = = 1946 bour 5 minute 45 A M  11. hereby certify that I attended the deceased from  12. Sex Male  6. (c) Single, vidowed, married divorced Matried divorced Matried divorced Matried 6. (b) Name of husband or wife _ first divorced Matried 6. (c) Age of husband or wife I alive _ first divorced Matried Francis G. James _ alive _ 68 _ year  7. Birth date of deceased _ Anril 3 _ 1872  8. AGE: Veary Months Days If less than one day  74	RECO	(a) County Cape Girardeau, Mo.  (b) City or town  (If outside city or town limits, write "RUILAL" 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  In this community 25 years	(a) State Missouri (b) County Cape Girar/ (c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") (d) Street No. 725 S. Ellis (If rural, give location) (c) Citizen of foreign country? No. (Yes or No.)
Trancls G. James   alive DS   years   Imagedial cause of death   My   Imagedial cause of dea	57 -MAKE A	3. (a) PRINT FULL NAME Claud A. James  3. (b) If veteran, name war No  5. Color or race White divorced Married, divorced Married, 6. (b) Name of husband or wife 6. (c) Age of husband or wife !!	MEDICAL CERTIFICATION  20. DATE OF DEATH: Month Dec day 23  year 1946 hour 5 minute 45 A M.  21. Thereby certify that I attended the deceased from 1966 to 1966 to 1966 that I last saw h. a. alive on 1966 and that death occurred on the date and hour stated above.
(Include programery within 3 months of death)  II. Industry or business  E. 12. Name Augustus James (City, town, or country)  III. Maiden name VICLOTIC Suttern foreign country)  III. Maiden name VICLOTIC Suttern foreign country)  III. (a) Informant Manager (City, town, or country)  III. (a) Address Augustus James (Month) (Day) (Year)  (b) Address Augustus James (Month) (Day) (Year)  (City town, or country) (State or foreign country)  (b) Date of occurrence  (c) Where did injury occur? (City or town) (Country) (State)  (d) Did injury occur in or about home, on farm, in Industrial place, in public place?  (d) Did injury occur in or about home, on farm, in Industrial place, in public place?  (e) Place: burial or countrial director (Specify type of place)  (b) Address (Specify type of place)  (c) While at work? (Specify type of place)  While at work? (Specify type of place)  (d) Date specify type of place)  (e) Date specify type of place)  (figure town)  (figure town)	1	7. Birth date of deceased April 3, 1872 (Month) (Dey) (Year)  8. AGE: Years Months Days If less than one day	Due to
Second State   County   Coun	-USE UNFAI	(City, town, or county) (State or foreign country)  10. Usual occupation attorney (not member off  11. Industry or business bar)	Other conditions. Cancer 1 Colon 245. (Include programs; within 3 months of death)  Major findings:
17. (a) Burial (b) Date thereof Dix 28 194 (c) Where did injury occur? (City or town) (County) (State)  (b) Place: burial or demonstration. St. Many St. Man	Œ PLAINLY-	13. Birthplace Don't know (City, town, or county)  [2] 14. Maiden name VICTOTIA: Suttern (State or foreign country)  [3] 15. Birthplace Don't know (City, town, or country)  [4] (City, town, or country) (State or foreign country)	Underline the cause to ownich death should be charged statistically.  22. If death was due to external causes, fill in the following:
(b) Address Charles (M.D. or other)  19. (a) 12-17-1/44 (b) C. Service (Registrar's signature)  (C) Means of injury (M.D. or other)  (C) Means of injury (M.D. or other)  Address Charles (M.D. or other)  Address Charles (M.D. or other)  (C) Means of injury (M.D. or other)	WRIT	(b) Address Charles Strandedly 970  17. (c) Burial (Burial cremation, or removal)  (Burial, cremation, or removal)  (Month) (Day) (Year)	(b) Date of occurrence (c) Where did injury occur?
II.		(b) Address  19. (a) 2 - 27 45 46 (b) C. Deliver of Signature)  (Resistrar's signature)	While at york?  23. Signatur Filliam J. Ochler (M. D. coother)  Address Cy biranian, Mrs. : Date signed/2/27/

JUN 1.2/0,

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the	he reverse side of this certificate was embalmed by me, or by
<i>•</i>	Registered Apprentice No
working under my personal supervision.	(0,0)

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.