

FILED DEC 24 1946

Registration District No. **279**

Primary Registration District No. **1002**

Registrar's No. **5233**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
In this community 26 years

3. (a) PRINT FULL NAME

Ulysses Ransom James

3. (b) If veteran, name war no 3. (c) Social Security No. 709-10-9077

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased May 21 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Lincoln Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Car Repairman -retired

11. Industry or business R.R.

MOTHER FATHER { 12. Name Wm Berkley James
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Foster
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Cora James
(b) Address 329 So. Askew

17. (a) Removal (b) Date thereof 12-11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wymore, Nebraska

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.

19. (a) 12-13-46 (b) Thelma Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") **7**
(d) Street No. 329 So. Askew
(If rural, give location) **0**
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1946 hour 2 minute 45 PM
21. I hereby certify that I attended the deceased from 11-29-46
to 12-12-46, 1946
that I last saw him alive on 12-12-46
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial decompensation Duration 3 days

Due to Carcinoma of prostate with metastases to large bowel approximately 3 mos.
Due to

Other conditions Generalized arterial sclerosis years
(Include pregnancy within 3 months of death)

Major findings: As above PHYSICIAN
Of operations As above 5/15
Of autopsy As above 5/15
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature Thos. O. McTale M.D.
Address 4620 Independence Date signed 12-13-46

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 OK McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.