

FILED FEB 11 1947
Registration District No. 2

Primary Registration District No. 4042

Registrar's No. 8

1. PLACE OF DEATH:

(a) County BOLLINGER

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community LIFETIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOLLINGER

(c) City or town LUTESVILLE, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN EDWARD JAMES

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1946 hour 7:00 minute 10 P.M.

21. I hereby certify that I attended the deceased from 7/1/46 19____ to 7/1/46 19____; that I last saw him alive on 7/1/46 19____; and that death occurred on the date and hour stated above.

4. Sex M. 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: Oct. 12 1862
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia Duration _____

Due to Carcinoma rectum

Due to _____

8. AGE: Years Months Days If less than one day

83 8 19 hr. _____ min.

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

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations 46D

Of autopsy _____

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name REYNOLD JAMES

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

14. Maiden name UNKNOWN

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

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 _____

16. (a) Informant ADAM JAMES

(b) Address LUTESVILLE, MO

17. (a) BURIAL (b) Date thereof 7-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANE CREEK CEM.

18. (a) Signature of funeral director BARER FUNERAL HOME

(b) Address LUTESVILLE, MO

19. (a) FEB. 3, 1947 (b) William H. Vandenberg
(Date received local registrar) (Registrar's signature)

23. Signature John J. Murray (City or town) (County) (State) (Date signed) 7/1/46

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

Death Certificate No. 4
Serial Number 247-197
Date Filed 2-10-47

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 J. E. Graham
Licensed Embalmer No. 4010
P. O. Address Lutesville, 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.