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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1225**
Registrar's No. **180**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K. C.
(c) Name of hospital or institution:
547 Walnut 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 1 yr
years, months (or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town K. C.
(If outside city or town limits, write "RURAL.")
(d) Street No. 547 Walnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES GARFIELD MAIN
3. (b) If veteran, name war no.
3. (c) Social Security No. 476-01-6282

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 13
year 47 hour 1:40 minute PM
21. I hereby certify that I attended the deceased from Coroner, 1947, to _____, 1947;
that I last saw him alive on _____, 1947;
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 M
6. (b) Name of husband or wife Alberta
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased May 1 1881
(Month) (Day) (Year)

Immediate cause of death
Coronary Insufficiency
Due to arterio sclerosis
Due to _____

8. AGE: Years 65 Months 8 Days 12 hr. _____ min. _____
If less than one day

Other conditions (Include pregnancy within 3 months of death) 950
Major findings:
Of operations _____
Of autopsy History & Impetum

9. Birthplace Dubuque Ia Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant Coroner's office
(b) Address K. C. Mo.

17. (a) Removal (b) Date thereof 1-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Willow Springs Mo
(b) Address Seibel's

19. (a) 1-14-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature James C. [unclear] (M. D. or other) Coroner
Address 1424 [unclear] Date signed 1-14-47

5'10"

145 lbs

Gray Hair

Blue Eyes

FEB 19 1947

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 _____
Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address _____
R E Snow

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.