

No. 2  
-12-45  
-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1441  
Registrar's No. 22

**FILED FEB 10 1947**  
Registration District No. 176

Primary Registration District No. 3026

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

**1. PLACE OF DEATH:**  
 (a) County JACKSON  
 (b) City or town INDEPENDENCE  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
INDEPENDENCE SANITARIUM & HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 DAYS  
(Specify whether years, months or days)  
 In this community 8 MONTHS

**3. (a) PRINT FULL NAME** MARY CATHERINE JAMES  
 3. (b) If veteran, name war NO  
 3. (c) Social Security No. NO

4. Sex FEMALE  
 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced XXXXXXXX  
 6. (b) Name of husband or wife XXXXXXXXXXXX  
 6. (c) Age of husband or wife if alive XXX years  
 7. Birth date of deceased 5 20 1946  
(Month) (Day) (Year)

**8. AGE:** Years 0 Months 8 Days 5  
 If less than one day hr. min.

**9. Birthplace:** INDEPENDENCE MISSOURI  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** NONE

**11. Industry or business:** NONE

**MOTHER FATHER**  
 12. Name JOHN D. JAMES  
 13. Birthplace ARTHUR MISSOURI  
(City, town, or county) (State or foreign country)  
 14. Maiden name ELEGANA JANE HALL  
 15. Birthplace HIGHLANDS NEW FOUNDLAND  
(City, town, or county) (State or foreign country)

**16. (a) Informant** JOHN D. JAMES  
 (b) Address 223 W. MOORE

**17. (a) BURIAL** (b) Date thereof 1-28-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation ST MARYS CEMETERY

**18. (a) Signature of funeral director** [Signature]  
 (b) Address 815 W. MAPLE AVE.

**19. (a) 1-30-47** (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MISSOURI (b) County JACKSON 48  
 (c) City or town INDEPENDENCE 4  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 223 W. MOORE 4  
(If rural, give location)  
 (e) Citizen of foreign country? NO 0  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Jan. day 25  
 year 1947 hour 6 minute 00 P.M.  
 21. I hereby certify that I attended the deceased from Jan 21 1947 to Jan 25 1947;  
 that I last saw her alive on Jan 25 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 5 days  
Duration

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Mongolism  
(Include pregnancy within 3 months of death)

Major findings: Of operations 107  
 Of autopsy Bronchopneumonia of all lobes, with lungs

**PHYSICIAN**  
 \_\_\_\_\_  
 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 \_\_\_\_\_

**23. Signature** Beymour Hanson (M. D. or other) 0  
 Address Independence, Mo Date signed 1/26/47

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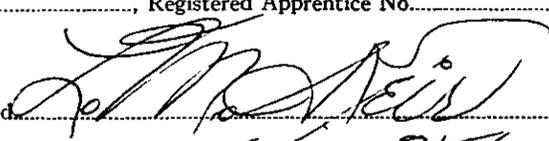
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**STATEMENT BY LICENSED EMBALMER**

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. 3156

P. O. Address Independence, 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.**