

No. 2  
12-45  
17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2112

FILED JAN 30 1947

State File No. \_\_\_\_\_

Registration District No. 274

Primary Registration District No. 3056

Registrar's No. 18

1. PLACE OF DEATH:

(a) County: Randolph  
(b) City or town: Moberly  
(c) Name of hospital or institution: Woodland Hospital  
(d) Length of stay: 28 days  
In this community 57 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph  
(c) City or town: Moberly  
(d) Street No.: 509 W. Rollins  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: URIAH BICKLEY JAMES

3. (b) If veteran, name war: None 3. (c) Social Security No.: None

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Anna Mary James 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: August 7 - 1867

8. AGE: Years: 79 Months: 5 Days: 9 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Stahlstown Penn.

10. Usual occupation: Farmer (Retired)

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name: George James

13. Birthplace: Penn.

14. Maiden name: Elizabeth Grouse

15. Birthplace: Penn.

16. (a) Informant: Homer James

(b) Address: 709 Cleveland Moberly Mo.

17. (a) Burial (b) Date thereof: Jan 19 - 47

(c) Place: burial or cremation: Wentzville Missouri

18. (a) Signature of funeral director: Snow Funeral Home

(b) Address: Moberly Missouri

19. (a) 1-18-47 (b) Leah Debraun

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 16 11<sup>th</sup>  
year: 1947 hour: 9 minute: 30 P.M.  
21. I hereby certify that I attended the deceased from: Dec. 24  
Jan 16 1947

that I last saw him live on: Jan 16 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Pneumonia, Bronchial  
arteriosclerosis, general  
myocarditis, chronic

Due to: Intertubercular fracture  
Other conditions: left femur  
Major findings: None

Of operations: None  
Of autopsy: None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify): Accident 127  
(b) Date of occurrence: Dec 24, 1946  
(c) Where did injury occur?: Home Moberly Randolph Mo.  
(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: Fall  
23. Signature: Al Lewis (M. D. or other) MD  
Address: Woodward Hosp Moberly Mo Date signed: 1/29/47

Duration: 24 hours  
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

264

RECEIVED  
District Health Officer No. 10  
District No. 47-124  
Date Recd. JAN 28 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..... *R. M. Cater* .....

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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.