

No. 2
-12-45
5-17-39
X4707

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5556

FILED MAR 6 1947

Registration District No. 236

Primary Registration District No. 5818

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Morgan Morgan Twp.
(b) City or town Versailles (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
About 10 mi. N.E. Versailles!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life Time
years, months or days

3. (a) PRINT FULL NAME Minnie Lee James.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife John James 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 28th 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 29 hr. _____ min.

9. Birthplace High Point Monticau CO MO.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Lum Deakens 0
13. Birthplace Henry CO MO.
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Renfro 0
15. Birthplace Henry CO MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clyde Hunter

(b) Address Versailles MO.

17. (a) Burial (b) Date thereof 2-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director W. F. Redwell

(b) Address Versailles MO.

19. (a) 3-1-47 (b) J. L. Mathis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State (b) County Morgan 71
(c) City or town Versailles Rural "Morgan" Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. About 10 mi. N.E. Versailles
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th
year 1947 hour 10 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov. 16-42
2 19____ to 2-26 1947
that I last saw her alive on 2-24 and that death occurred on the date and hour stated above.

Immediate cause of death Myo Static pneumonia Duration 17 MC
Due to Pulmonary tuberculosis Several years

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

Major findings: Of operations _____
Of autopsy _____
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 W. S. Gunn (M. D. number) 0
Address Versailles MO Date signed 2-28-47

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

8-3-8
9-17-8
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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 W. F. Keenell

Licensed Embalmer No. 1596

P. O. Address Versailles 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.