

Registration District No. 279

Primary Registration District No. HH-15

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

1. PLACE OF DEATH: Pike

(a) County Pike

(b) City or town Clarksville  
(Within city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Clarksville 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME Malissa Francis James

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27-1947  
year 10-45 A hour AM minute \_\_\_\_\_ M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Jan 24 1947 to Jan 27 1947  
that I last saw her alive on Jan 27 1947  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Aug 29 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Solar pneumonia, bilateral. Duration 4 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Retired

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 108

Of autopsy \_\_\_\_\_

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

12. Name James E Gumbalt 4

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

14. Maiden name Jane Eliza Brant

15. Birthplace Davis Mo  
(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? \_\_\_\_\_

16. (a) Informant Joe Vawter

(b) Address Clarksville

17. (a) burial (b) Date thereof Jan 29/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alexander Cemetery

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature E. M. Bartlett (M. D. or other) 0  
Address Clarksville Mo Date signed 1/28/47

18. (a) Signature of general director Harry L. Asholt

(b) Address Clarksville

19. (a) 2/8-1947 (b) Lida C. Akard  
(Date received local registrar) (Registrar's signature)

AUG 5

1919

**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 Jan 27-19

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsham, Md.

**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.**