

FILED APR 1 1947

State File No. _____

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 54

1. PLACE OF DEATH

(a) County Madaway
 (b) City or town Maryville, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Unknown
 years, months or days

3. (a) PRINT

FULL NAME Carrie H. James

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 15 1884
 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

62 10 26

hr. min.

9. Birthplace

Near Sheridan Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Worked at Kay Cunk House

11. Industry or business _____

MOTHER FATHER

12. Name

Francis Marion

13. Birthplace

Unknown Penn
 (City, town, or county) (State or foreign country)

14. Maiden name

Ellen Morgan

15. Birthplace

Unknown Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. L. L. Bauman

(b) Address

Maryville, Mo.

17. (a)

Burial
 (Burial, cremation, or removal)

(b) Date thereof

3-19-47
 (Month) (Day) (Year)

(c) Place: burial or cremation

Brithern Cemetery

18. (a) Signature of funeral director

Campbell Funeral Home

(b) Address

Maryville Missouri

19. (a)

3/19/47
 (Date received local registrar)

(b)

Miss Hall
 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
 (c) City or town Sheridan
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
 year 1947 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to March 4 1947
 that I last saw her alive on March 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary thrombosis
chronic myocarditis
with hypertrophy

Due to

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. C. Bauman M. D. or other _____

Address

1318 Main Maryville signed 3/19/47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *William Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Maryville 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.