

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13501
 Registrar's No. 1955

FILED MAY 12 1947
 Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3803 HIGHLAND AVENUE 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 23 YEARS

3. (a) PRINT FULL NAME MRS. ELIZABETH BELL JAMES
 3. (b) If veteran, name war No
 3. (c) Social Security No. NONE

4. Sex FEMALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MR. HARRY L JAMES
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JULY 11 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 19
 If less than one day _____ hr. _____ min.

9. Birthplace CARROLLTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER
 { 12. Name WALKER
 { 13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
 { 14. Maiden name ELIZABETH THOMAS
 { 15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ANNA CECIL SMART
 (b) Address 3803 HIGHLAND AVENUE

17. (a) BURIAL (b) Date thereof MAY 2 1947
(Burial, cremation, or removal) (City or town) (County) (State)
 (c) Place: burial or cremation CARROLLTON, MISSOURI

18. (a) Signature of funeral director D. H. Newcomer's Sons
 (b) Address 1401-19034 CREEK BLVD.

19. (a) 5-1-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
 (d) Street No. 3803 HIGHLAND AVENUE
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30TH
 year 1947 hour 9 minutes 45 A.M.

21. I hereby certify that I attended the deceased from Oct 2
1946 to Apr 20 1947
 that I last saw her alive on Apr 29 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc Pneumonia found
senility
 Due to _____
 Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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) (c) Means of injury
 23. Signature [Signature] (M. D. or other) MD
 Address 1014 [Signature] Date signed 5/1/47

10/14/2014
2-5
10/14/2014
2-5

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 Bernard L. Horan
Licensed Embalmer No. 4250
P. O. Address W.C. 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.