S. No. 2
M—2-43
. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1947

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Langston

State File No. 17130

Registrar's No. 439

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days)
In this community 1 Week

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Taney 106
(c) City or town Branson
(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 Arthur James
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ora James
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 16 (Day) 1878 (Year)

8. AGE: Years 69 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Protem (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Operator
11. Industry or business Empire District Elec. Co.

MOTHER FATHER
12. Name Siras A. James
13. Birthplace Johnson County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Sarah Owen
15. Birthplace St. Clair (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Ora James
(b) Address Branson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Branson, Mo.
18. (a) Signature of funeral director Forsyth Funeral Home
(b) Address Branson, Missouri
19. (a) 6-3-47 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1947 hour 8 minute 45a. M.

21. I hereby certify that I attended the deceased from 1/3/18, 19 47 to 5/30, 19 47
that I last saw h[im] alive on 5/29, 19 47
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	3-4 days.
Due to Senile pelvic fracture,	Since 5/18
Concussion	
Internal hemorrhage	
Shock	
Other conditions (Includes 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: 106
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 5/18/47
(c) Where did injury occur? Ozark Beach (City or town) Taney (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? No (e) Means of injury Automobile

23. Signature W Roland Langston (M. D. or other) MD
Address Springfield, Mo. Date signed 6/2/47

(Licensed Embalmer's Statement on Reverse Side)

Coll. With Pedestrian

JAN 1 1948

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.....

Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.