

State File No.

FILED JUN 20 1947

Registration District No. 277

Primary Registration District No. 5950

Registrar's No. 22

1. PLACE OF DEATH

(a) County Pike
 (b) City or town Middleton, Mo. Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 65 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Mary Jane James
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
 year 1947 hour 9 minute 6 a.m.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married divorced
 6. (b) Name of husband or wife Elton James
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Nov 6 1891
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 19th 1947 to June 8th 1947
 that I last saw her alive on June 7th 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 5 Days 2
 If less than one day hr. _____ min. _____

Immediate cause of death Seizures Stridulus Tetany
 Due to Removal of Thyroid and Parathyroid glands
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____ Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Thompson

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

14. Maiden name Jessie Swan

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

16. (a) Informant Elton James

(b) Address Middleton Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof June 10 1947
 (Month) (Day) (Year)

(c) Place: burial or cremation Middleton Mo

18. (a) Signature of funeral director Pritchett Kahne
 (b) Address Middleton Mo

19. (a) 6-14-47 (Date received local registrar) (b) Bill Robinson (Registrar's signature) 2511

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 A. Smith (M. D.) _____
 Address Middleton Mo Date signed 6/8/47

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

2
0
0

RECEIVED
District Health Officer No. 10
District File Number 6:47:747
Date Filed JUN 19 1947

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.....

[Handwritten Signature]

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.