

FILED JAN 7 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41051**

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **447**

1. PLACE OF DEATH:  
(a) County **Callaway**  
(b) City or town **Fulton**  
(If outside 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 **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Callaway**  
(c) City or town **Fulton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **18 S Ravine** (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME **George P. James**  
-3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.**, day **26**, year **1947** hour **9:30** a.m., minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **12/23/47** to **12/26/47**, 19\_\_\_\_; that I last saw him alive on **12/26/47**, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Anna Macken James** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Jan. 28 1872**  
(Month) (Day) (Year)

Immediate cause of death **Apoplexy** Duration **11 days**

8. AGE: Years **75** Months **10** Days **28** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

9. Birthplace **New Bloomfield Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Carpenter**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name **Byron James**  
13. Birthplace **D.K.** (City, town, or county) (State or foreign country)  
14. Maiden name **Susan**  
15. Birthplace **D.K.** (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Anna James**  
(b) Address **18 S. Ravine, Fulton, Mo**  
17. (a) **Burial** (b) Date thereof **12-28-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hillcrest**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Hallace Funeral Home**  
(b) Address **7 W 6th St, Fulton, Missouri**  
19. (a) **12-27-47** (b) **Jasie Marsinkhoff**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury **2**  
23. Signature **D.A. Quisenberry** D.O. \_\_\_\_\_  
Address **Fulton, Mo.** Date signed **12/26/47**

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

MOTHER FATHER

9  
7

8312

RECEIVED  
District Health Officer No. 9,  
District File Number 115/48  
Date Filed

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.....

Walter J. Haines, Jr...... Registered Apprentice No. 82  
working under my personal supervision.

Signed Denzil P. Browning.....

Licensed Embalmer No. 2725.....

P. O. Address Fulton, 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.