S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 4 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1613

Registration District No. 169 Primary Registration District No. 5620 Registrar's No. 198

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina Rural
(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) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52

(c) City or town Edina (rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 Miles West of Edina, Mo.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Roger Dale James

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced ---

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct - 9 - 1947.
(Month) (Day) (Year)

8. AGE: Years | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace Kirksville (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation --

11. Industry or business

FATHER 12. Name Walter James /

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

MOTHER 14. Maiden name Zella May Wolf

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

16. (a) Informant Walter James

(b) Address Edina, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-20-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery, Kirksville, Mo.

18. (a) Signature of funeral director Summers & Powell

(b) Address Kirksville, Mo.

19. (a) Jan-28-48 (Date received local registrar) (b) Nell A. Nugent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1948 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from Jan 19 1948 to Jan 19 1948 that I last saw him/her 2 hours after death 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Unknown — Duration Immediate

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. J. Breckenfeld (M. D. or other) D.O.

Address Edina, Mo. Date signed 1/19/48

(Licensed Embalmer's Statement on Reverse Side)

RE[illegible] Office No. [illegible]
Dist[illegible] 2.48.194
District File [illegible]
Date [illegible] FEB -2 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~~ no embalming, Registered Apprentice No. ....., working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.