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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1789

FILED FEB 10 1948

Registration District No. 289

Primary Registration District No. 4320

Registrar's No. 7

1. PLACE OF DEATH:

(a) County MARION

(b) City or town PALMYRA  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
402 E-ROSS ST /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community LIFE TIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MARION 64

(c) City or town PALMYRA MO  
(If outside city or town limits, write "RURAL")

(d) Street No. RURAL (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GERTRUDE F. JAMES

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29  
year 1948 hour 9 minute 48 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife HAROLD JAMES

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

7. Birth date of deceased AUG. (Month) 11 (Day) 1910 (Year)

that I last saw h 22 alive on January 29, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma uteri Duration \_\_\_\_\_

8. AGE: Years 37 Months 5 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace RENSULEAR MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name MR. MADDOX

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

14. Maiden name FLORENCE G. MADDOX

15. Birthplace ST. LOUIS MO. (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant HAROLD JAMES

(b) Address PALMYRA MO. RURAL

17. (a) PALMYRA MO. (b) Date thereof 1-31-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cem.

18. (a) Signature of funeral director Tom Sprague

(b) Address Palmyra Mo.

19. (a) 2-5-1948 (b) Paula New Deputy (Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John Anderson (M. D. \_\_\_\_\_)

Address Palmyra Mo. Date signed Feb. 3 1948

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

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**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..... *A M Sprague*.....

Licensed Embalmer No..... *999*.....

P. O. Address..... *Palmyra 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.**