S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1948

Registration District No. 178

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5435

Primary Registration District No. 5741

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Macon

(b) City or town "Rural" Russell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8 miles north of New Cambria
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town New Cambria "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. Russell Township
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME THOMAS JAMES

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased March (Month) 1 (Day) 1871 (Year)

8. AGE: Years 76 Months 11 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace New Cambria (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Isaac James
13. Birthplace ✓ (City, town, or county) Wales (State or foreign country)

MOTHER
14. Maiden name Elizabeth Williams
15. Birthplace ✓ (City, town, or county) Wales (State or foreign country)

16. (a) Informant John James
(b) Address New Cambria, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Brush Creek Cemetery

18. (a) Signature of funeral director H. J. Gilliland
(b) Address New Cambria Mo.

19. (a) 2-24-48 (Date received local registrar) (b) Josephine King (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd year 1948 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 11, 1948, to Feb 19, 1948, that I last saw him alive on Feb 19, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute myocarditis	
Due to Pneumonia	
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 R. A. Dinelbus (M. D. or other) D.O.

Address Bucklin, Mo. Date signed 2/24/48

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1948

SEP 23 1949

RECEIVED
District Health Officer No.
District File Number 3483
Date Filed MAR 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~~ ....., Registered Apprentice No. ——, working under my personal supervision.

Signed H. J. Gilliland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.