S. No. 2
I—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7669

Registration District No. ____ Primary Registration District No. 3000 Registrar's No. 81

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 days (Specify whether
In this community 27 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 61
(a) State Missouri (b) County Macon
(c) City or town New Cambria "Rural" (If outside city or town limits, write "RURAL") 6 5
(d) Street No. ✓ (If rural, give location) 1
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME ALPHAN JAMES
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex M 0 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Pearl James | 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased April (Month) 20 (Day) 1882 (Year)

8. AGE: Years 65 | Months 10 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Macon County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business ✓
MOTHER FATHER
12. Name William James
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Mary Cash
15. Birthplace Macon County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Richard Shelton
(b) Address Ethel, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Burial Cash Cmt
18. (a) Signature of funeral director H. D. Hilleland
(b) Address New Cambria Mo.
19. (a) 3-13-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1948 hour 5:26 minute A M.

21. I hereby certify that I attended the deceased from Feb 11 1948 to March 9 1948; that I last saw him alive on March 9 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Comminuted fracture upper third right femur	2-11-48
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) Hemiplegia (2-14-48) secondary to high blood pressure. Terminal uremia	

Major findings: Of operations Open reduction of fracture of femur
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: 61
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 2-11-48
(c) Where did injury occur? Near Ethel, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm (Specify type of place)
While at work yes (e) Means of injury Fell from hay wagon

23. Signature Earl Laughlin (M.D. or other) Dr.
Address Kirksville Mo Date signed 3-9-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
Register File Number 3-48-560
MAR 23 1948
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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed H. F. Dillard

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.