No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7898

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 397

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sisters Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 41 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan //

(c) City or town: St. Joseph /
(If outside city or town limits, write "RURAL")

(d) Street No.: Colonial Hotel 7 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Fred James

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Ellen C. James

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: December (Month) 21 (Day) 1879 (Year)

8. AGE: Years 68 | Months 3 | Days 10 | If less than one day: hr. min.

9. Birthplace: Elmo (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Nightwatchman

FATHER
12. Name: Lyman Welsh James
13. Birthplace: Unknown (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name: Elma Estella Woods
15. Birthplace: Unknown (City, town, or county) Iowa / (State or foreign country)

16. (a) Informant: Lyman W. James
(b) Address: Conception Junction, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmo, Mo.

18. (a) Signature of funeral director: Heaton-Borman
(b) Address: St. Joseph, Mo.

19. (a) 4-7-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 387

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 30, 1948 to April 1, 1948 that I last saw him alive on April 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Vascular Accident	3 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

830

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: 0

23. Signature: Arnold Tracy (M. D. or other)
Address: The Tootle Bldg. St. Joseph, Mo. Date signed: 4-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 James B Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Terre Haute, Ind

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.