

FILED APR 26 1948

Registration District No. 290

Primary Registration District No. 5985

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Pulaski
 (b) City or town Big Piney
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution No
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month (Specify whether
 in this community _____
 years, months or days)

3. (a) PRINT FULL NAME Anna Mary James3. (b) If veteran,
name war No3. (c) Social Security
No. No4. Sex F / 5. Color or race W 6. (a) Single, widowed, married,
divorced W 26. (b) Name of husband or wife Allen James 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased December 17 1879
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 3 27 hr. _____ min.9. Birthplace Moscow Plains Michigan
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Shreder James12. Name Shreder James13. Birthplace Michigan
(City, town, or county) (State or foreign country)14. Maiden name Catherine Schiffin15. Birthplace Michigan
(City, town, or county) (State or foreign country)16. (a) Informant Curtis A. Keller(b) Address Big Piney, Missouri17. (a) burial (b) Date thereof April 17, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Big Piney Cemetery(a) Signature of funeral director Walter P. Redge(b) Address Iberia, Missouri19. (a) April 20 1948 (b) Helma C. Buehler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Sedwick 994
 (c) City or town Witchita 14
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? No (Yes or No) 2
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1948 hour 5 minute P M.21. I hereby certify that I attended the deceased from
4-14-, 1948 to 4-14-, 1948
that I last saw h. alive on 4-14-, 1948
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusion Duration 1-hr.

Due to _____

Due to _____

Other conditions 942
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
_____While at work? _____ (Specify type of place)
(c) Means of injury 023. Signature C. Miller MD (M: D. or other) _____Address Waynesville, Mo. Date signed 4-15-48

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

Walter P. Hayes

Licensed Embalmer No.

4265

P. O. Address

Meriv, 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.