S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17095

Registration District No. 750

Primary Registration District No. 4375

Registrar's No. 9

1. PLACE OF DEATH
(a) County Nodaway
(b) City or town Conception Junction
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Conception Junction 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lyman W. James
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May (Month) 5 (Day) 1855 (Year)

8. AGE: Years 93 Months 0 Days 24 If less than one day hr. min.
9. Birthplace Conception Junction (City, town, or county) Mo. (State or foreign country)
10. Usual occupation farmer
11. Industry or business "
FATHER
12. Name Charles F. James
13. Birthplace ✓ (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Ellen James
(b) Address Conception Junction Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmo Cem. Elmo, Mo
18. (a) Signature of funeral director G.M. Atchison
(b) Address Maryville, Mo.
19. (a) 5-29-48 (Date received local registrar) (b) Mrs. Elza Crenshaw (Registrar's signature) 390

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1948 hour 3 minute 00 A M.
21. I hereby certify that I attended the deceased from April 25, 1948, to MAY 29, 1948, that I last saw him alive on MAY 15, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CEREBRAL - VASCULAR ACCIDENT (THROMBOSIS)	2 wks.
Due to CARDIO - VASCULAR - RENAL DISEASE	5 yrs.
Due to GENERALIZED ARTERIOSCLEROSIS	10 yrs +
Other conditions SECONDARY ANEMIA (Include pregnancy within 3 months of death)	6-8 Mos.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0
23. Signature Paul J. Kadull (M. D. or other) M.D.
Address Concept. Jct., Mo. Date signed 5/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 G. M. Atkinson

Licensed Embalmer No. 2379

P. O. Address Bargoville, 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.