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300FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 16 1948MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22108

Registration District No. 14

Primary Registration District No. 5066

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Rural Southwest Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Pat Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 61 years (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAMEHarry R. James3. (b) If veteran,
name war No3. (c) Social Security No.
None

4. Sex Male 5. AGENCY or
race White 6. (a) Single, widowed, married,
divorced Married
 (b) Name of husband or wife Myrtle James 6. (c) Age of husband or wife if
alive 61 years
 7. Birth date of deceased December 17 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 5 3 _____ hr. _____ min.

9. Birthplace Liberal Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER }
 12. Name William H. James
 13. Birthplace New York
 (City, town, or county) (State or foreign country)
 14. Maiden name Francis E. Barber
 15. Birthplace New Hampshire
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry R. James
 (b) Address Route 1, Opolis, Kansas
 17. (a) Burial (b) Date thereof May 22, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Nashville Cemetery

18. (a) Signature of funeral director Chiles Funeral Home
 (b) Address Lamar, Missouri
 19. (a) May 22 48 (b) H. L. Thomas Schermer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 1
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
 year 1948 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
 Duration _____

Due to _____
 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 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? (1)

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature R. C. Duetzel (M. D. or other) MD
 Address Harrison Mo Date signed 5/24/48

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

RECEIVED

District Health Officer No. 6,

District File Number 748-802

Date Filed JUL 15 1945

*Wentworth Burke
Berkeley Funeral Parlor
Berkeley, Cal.*

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 *Ross Blanford*

Licensed Embalmer No. 4015

P. O. Address. *N. City 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.