

FILED AUG 9 1948

State File No. _____

Registration District No. 164Primary Registration District No. 5600Registrar's No. 78

1. PLACE OF DEATH:

(a) County JOHNSON
 (b) City or town SIMPSON TWP RURAL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.R. #1, Concordia
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community ALL HIS LIFE years, months or days)

3. (a) PRINT FULL NAME JOHN WILLIAM IAMS3. (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 MARRIED
 6. (b) Name of husband or wife ELIZABETH ELLEN IAMS 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased APRIL 22 1879
 (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 0 If less than one day hr. _____ min. _____9. Birthplace JOHNSON COUNTY MO (City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN IAMS
 13. Birthplace NORTH CAROLINA (City, town, or county) (State or foreign country)
 14. Maiden name MARY WISE
 15. Birthplace STATE OF MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant JOHN WILL IAMS(b) Address CONCORDIA MO17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 25, 1948 (Month) (Day) (Year)(c) Place: burial or cremation ZION HILL18. (a) Signature of funeral director E. S. JAMES(b) Address CONCORDIA MO19. (a) JULY 20, 1948 (Date reported local registrar) (b) Savannah Antelope (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JOHNSON
 (c) City or town SIMPSON TWP RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. #1, Concordia (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 22 year 1948 hour 10 minute _____ P.M.21. I hereby certify that I attended the deceased from 1944 to 7-22-48 1948 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage 4 yr

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 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? _____

While at work? _____ (Specify type of place) (e) Means of injury GSignature R. F. McWilliams (M. D. or other)Address Concordia MO Date signed 7-26-48

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.