

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26383**
Registrar's No. **3124**

FILED AUG 26 1948
Registration District No. **49**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kennett Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Recovery Ward of General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **40 YEARS**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Alva James
(b) If veteran, name war **Do not know**
(c) Social Security No.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **June 5, 1882**
(Month) (Day) (Year)

8. AGE: Years **66** Months **1** Days **24** If less than one day **hr min.**

9. Birthplace **Keeper, Okla**
(City, town or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **Do**
13. Birthplace **Do**
(City, town or county) (State or foreign country)
14. Maiden name **None**
15. Birthplace **Do**
(City, town or county) (State or foreign country)

16. (a) Informant **Coroner's office**

(b) Address **15 C Mo**

17. (a) **School** (b) Date thereof **Aug 8 - 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **St. College of Osteopathy & Surgery**

18. (a) Signature of funeral director **Parham**
(b) Address **15 C Mo**

19. (a) **7-31-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kennett Mo 48**
(If outside city or town limits, write "RURAL")
(d) Street No. **514 1/2 main st**
(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 **29**
year **1948** hour **7** minute **30 P M.**

21. I hereby certify that I attended the deceased from **Coroner**, 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 **Coronary sclerosis**

Due to **arterio sclerosis**

Due to

Other conditions **932**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **no**
History & Examination

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

23. Signature **Geraldine Holmes** (M. D. or other)
Address **15 C Mo** Date signed **7-30-48**

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

MOTHER FATHER

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 F. S. Walton

Licensed Embalmer No. 2744

P. O. Address. KC, 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.