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FILED NOV 29 1948 42  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1000**

Registrar's No. **1244**

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

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1522 Sacramento St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //  
(c) City or town **St. Joseph** /  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1522 Sacramento St.** 7  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Ernest T. James**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Florence James** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **August 10 1872**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **3** Days **8** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **DeKalb County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Farmer.**

MOTHER FATHER

12. Name **France M. James** 0

13. Birthplace **Nodaway County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Malissa Price** 0

15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George F. James**  
(b) Address **St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **11/21/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Moxley Cemetery**

18. (a) Signature of funeral director **Heaton Burman**  
(b) Address **St. Joseph, Mo.**

19. (a) **11-23-48** (b) **H. E. Jenkins**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **18**  
year **1948** hour **9** minute **50 AM.**

21. I hereby certify that I attended the deceased from **Aug**  
\_\_\_\_\_ 19**48** to **11-16** 19**48**  
that I last saw **him** alive on **11-16** 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr myocarditis** Duration **8 mo**

Due to **Urinary Incontinence** 2 mo

Due to **Generalized arteriosclerosis**

Other conditions **Probable Chr Coronary Heart Disease**  
(Include pregnancy within 3 months of death)

Major findings: **Senility** Of operations \_\_\_\_\_

Of autopsy **938**

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) **No**  
(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 **0**

23. Signature **Neil Jimenez** (M. D. number) \_\_\_\_\_  
Address **St. Joseph, Mo.** Date signed **11-19-48**

**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.....

*Danny O. Becker*, Registered Apprentice No. *287*  
working under my personal supervision.

Signed *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 11th St, Pe, 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.**