

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19607

State File No.

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>2730</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | | |
| c. LENGTH OF STAY (in this place) <u>13 yrs</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1653 Washington</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1653 Washington</u> | | | | d. STREET ADDRESS <u>1653 Washington</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlotte</u> b. (Middle) <u>S.</u> c. (Last) <u>James</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 23-1949</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Apr-13-1853</u> | |
| 9. AGE (In years last birthday) <u>96</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>No Record</u> | | 13b. MOTHER'S MAIDEN NAME <u>No Record</u> | | 14. NAME OF HUSBAND OR WIFE <u>Samuel James</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Glendon O James R.C. Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia lobar</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> DUE TO (c) <u>Age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION <u>4343</u> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>May 1949</u> , to <u>June 1949</u> , that I last saw the deceased alive on <u>June 23, 1949</u> and that death occurred at <u>10 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. A. Nigro</u> | | | | 23b. ADDRESS <u>925 Agule</u> | | 23c. DATE SIGNED <u>6-23-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>June 24-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Local</u> | | 24d. LOCATION (City, town, or county) (State) <u>Columbus Kansas</u> | |
| DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mr. C.L. Forster R.C. Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Alton 4.3.88
Meyers 1007

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 _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____
Student Embalmer No. _____
Len Clark

Licensed Embalmer No. *4216*

P. O. Address *A. B. 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.