

FILED AUG 6 1949

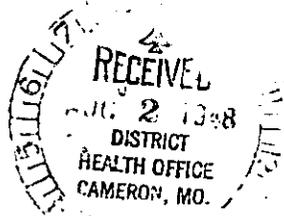
STANDARD CERTIFICATE OF DEATH

State File No. 22725

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BIRTH NO.		REG. DIST. NO. 46		PRIMARY REG. DIST. NO. 4063		Registrar's No. 221	
1. PLACE OF DEATH a. COUNTY Caldwell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hamilton		c. LENGTH OF STAY (In this place) 22 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hamilton			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 546 E. Berry			
3. NAME OF DECEASED a. (First) Josephene			b. (Middle) Mary		c. (Last) James		4. DATE OF DEATH (Month) (Day) (Year) July 1 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1876		9. AGE (In years last birthday) 72	Months 10	Days 2
Hours X	Min. X	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY XXXXX	11. BIRTHPLACE (State or foreign country) Montgomery Co. Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Caleb Rea		13b. MOTHER'S MAIDEN NAME Malinda Short		14. NAME OF HUSBAND OR WIFE Samuel P. JAMES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Shaffner Kansas City, Mo.				
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) Chronic glomerular nephritis						INTERVAL BETWEEN ONSET AND DEATH 3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						592X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 5-1-1949, to 7-1-1949, that I last saw the deceased alive on 7-1-1949, and that death occurred at 9 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank R. Daley MD				23b. ADDRESS Hamilton, Mo.		23c. DATE SIGNED 7-14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 8, 1949	24c. NAME OF CEMETERY OR CREMATORY Parrett		24d. LOCATION (City, town, or county) Parrett, Iowa		(State)
DATE REC'D BY LOCAL REG. July 14, 1949		REGISTRAR'S SIGNATURE Gladys Jones 37		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Bram Funeral Home Hamilton, Mo.			

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



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.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

R. J. M. Brown
Licensed Embalmer No. 3052

P. O. Address Hamilton

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.

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