

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9149****1062**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____											
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. LENGTH OF STAY (In this place) <u>2 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1824 Paseo Blvd.</u>				e. STREET ADDRESS (If rural, give location) <u>1824 Paseo Blvd.</u> 3328													
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Russell</u>			b. (Middle) <u>Winfred</u>			c. (Last) <u>James</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 5, 1956</u>					
5. SEX <u>2</u> <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 7, 1893</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat cutter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Packing house</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>George James</u>				13b. MOTHER'S MAIDEN NAME <u>Carrie Roach</u>				14. NAME OF HUSBAND OR WIFE <u>Ruby Gamble James</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War 11</u>				16. SOCIAL SECURITY NO. <u>468-14-1472</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alberta Wilson</u>				ADDRESS <u>St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation of Right Heart</u> (b) <u>Cardiac Hypertrophy (Cor. Bovinum)</u> (c) <u>Pulmonary Edema & Congestion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH <u>4343</u>					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>self</u>				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) (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 _____, 19____, to _____, 19____, that I last saw the deceased <input checked="" type="checkbox"/> alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.																	
23a. SIGNATURE <u>L. M. Tillman</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>1618 Lydia Ave</u>						23c. DATE SIGNED <u>3/6/56</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>				24b. DATE <u>3/10/56</u>				24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Ft. Leavenworth, Kansas</u>					
DATE REC'D BY LOCAL REG. <u>3-10-56</u>				REGISTRAR'S SIGNATURE <u>Neva Minshall</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Badeau, Appleton & Jones, Inc.</u>				ADDRESS <u>K.C., Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. Tillman

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Conrad S. Gandy, B.S.

Licensed Embalmer No.....
490

P. O. Address.....
K. S. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.