

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24278**
Registrar's No. **2888**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Vineyard Park Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 532 Years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Herbert T. James
3. (b) If veteran, name war No. _____ 8. (c) Social Security No. 486-07-8039

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie B. James 6. (c) Age of husband or wife if alive 1 1/2 years
7. Birth date of deceased April 26 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 23 hr. _____ min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business X

MOTHER FATHER
12. Name Horace M. James
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Dora Sleeper
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie B. James
(b) Address 4003 So. Benton, Kansas City, Mo.

17. (a) Burial (b) Date thereof 7-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) July 19, 1940 (b) M. M. Craue
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4003 So. Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 18 year 1940 hour 8 minute 2 M.
21. I hereby certify that I attended the deceased from July 12, 1940 to July 18, 1940
that I last saw him alive on July 17, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Obstruction of coronary artery 1 day
Arteriosclerosis
also Diabetes mellitus 2 yrs.
Duration _____

Due to _____
Due to _____
Other conditions Cystitis Prostatitis
(Include pregnancy within 6 months of death) also den chain
Major findings: _____
Of operations _____
Of autopsy no

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) _____
(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 R. Sheldon (M. D. or other) _____
Address 218 Belmont Date signed 7-18-40

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

218c

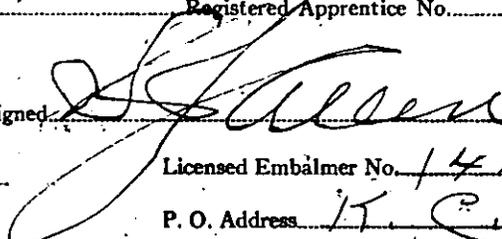
K.P. W.P.

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: 

Licensed Embalmer No. 1415

P. O. Address K. C. 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, above space should be left blank.