

S. No. 2
OM-5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 5 1946
77

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36460**
Registrar's No. **265**

Registration District No. _____ Primary Registration District No. **3016**

1. PLACE OF DEATH:
 (a) County Cole
 (b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Prison Hospital 2
(If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 11 yr. 8 mo. 4 da
(Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole **21**
 (c) City or town Jefferson City
(If outside city or town limits, write "RURAL") **4**
 (d) Street No. Mo. Prison
(If rural, give location) **10**
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Whitney #46109
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 23
 year 1946 hour _____ minute _____ M.

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

21. I hereby certify that I attended the deceased from
Dead when received 19____
 that I last saw h_____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Unknown **6. (c) Age of husband or wife if**
 _____ alive _____ years
7. Birth date of deceased April 28 1906
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion with infarction of left Ventricle
 Contributing cause _____
 Due to Arteriosclerosis of coronary vessels
 Due to _____

8. AGE: Years Months Days If less than one day
40 6 25 hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

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

PHYSICIAN
 Underline the cause to which death should be charged statistically.
94A

10. Usual occupation laborer

11. Industry or business
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Prison H sp, Records
(b) Address Jefferson City, Missouri
17. (a) Burial, cremation, or removal City Cemetery
(b) Date thereof 11-27-46
(Month) (Day) (Year)

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? _____

(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Tanner Funeral Home
(b) Address 700 Jefferson
19. (a) Jefferson City, Missouri
(b) Date received local registrar 11-30/46

While at work? _____
(Specify type of place) (c) Means of injury _____
23. Signature J. T. Leslie Coroner (M. D. or other) **11-23-46**
Address Jefferson City Date signed _____

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

30282

Date Filed 11-4-46

District File Number

District Health Officer No. 9,

RECEIVED

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 Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.