

James T Counts

Memorial

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Birth: Nov. 25, 1879
Death: Oct. 12, 1946

Note: OBITUARY: James Thomas Counts was born at Cook Station Missouri on November 25, 1879 and departed this life on October 12, 1946 at the age of 66 years, 10 months and 18 days. He was the son of Jesse and Sarah nee Roberts Counts. He was united in mar

Burial:

[Roberts Cemetery](#)

Cook Station

Crawford County

Missouri, USA

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Created by: [Diana Berkel](#)

Record added: Apr 06, 2012

Find A Grave Memorial# 88146496



Added by: [Jim and Mindy Gibbs](#)



Added by: [Jim and Mindy Gibbs](#)

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 71

1. PLACE OF DEATH:

(a) County DENT
 (b) City or town SALEM
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 2 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT 53
 (c) City or town SALEM 1
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES THOMAS COUNTS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-07-9478

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife NANCY COUNTS 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November 25 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace CRAWFORD COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RAILROAD

11. Industry or business RAILROAD

12. Name JESSIE COUNTS

13. Birthplace ST. GENEVIEVE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name SARAH ROBERTS

15. Birthplace CRAWFORD COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy Counts

(b) Address SALEM, MISSOURI

17. (a) BURIAL (b) Date thereof OCT 14 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROBERTS CEMETERY

18. (a) Signature of funeral director Hobson & Brantton

(b) Address SALEM, MISSOURI

19. (a) 10-14-46 (b) Dr. M. Hart, M.D. by sur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 12
 year 1946 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 6 1942 to Oct 12 1946
 that I last saw him alive on Oct 11 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar Duration

Due to Asthma (Bronchial)

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No 108

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) MU

(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? No (Specify type of place) (e) Means of injury 0

23. Signature Dr. M. Hart, M.D. (M. D. or other)

Address Salem MO Date signed Oct 4, 46

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

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