

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

41596
Do not use this space.

DEC 20 1937

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) ~~State~~ Mo Primary Registration District No. 2002 Registered No. _____
 (c) City Bequeense (d) Street No. 2002 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 12th + Bequeense St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm J. Lanes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 - 1866
 7. AGE YEARS 71 MONTHS — DAYS 1 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1937 to Nov 20, 1937
 I last saw her alive on Nov 20, 1937 Death is said to have occurred on the date stated above, at 20 m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house
 9. Industry or business in which work was done, as saw mill, bank, etc. wife
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Other contributory causes of importance None
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 13. NAME Rev. B. F. Needock
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Emily Purts
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

17. INFORMANT (ADDRESS) Wm J. Lanes
Bequeense Mo.
 18. BURIAL, CREMATION, OR DISPOSITION PLACE Bequeense Mo. DATE 11-22-37
 19. FUNERAL DIRECTOR (ADDRESS) Wm J. Lanes
Bequeense Mo.
 20. FILED 11-22-37 Ed J. Jones Local Registrar.

Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) William E. Craig, M. D.
 (Address) Jepson Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Craig

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MOTHER

FATHER

OCCUPATION

STATEMENT BY LICENSED EMBALMER

I, Perry W. Hurlbert, Licensed Embalmer No. 959
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Steve D. Parker
L. E. for The Hurlbert Undertaking Co.
No. 2548 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Steve D. Parker
Licensed Embalmer No. 2548

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.)