

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

2973  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 398  
 (b) Township Blaine Primary Registration District No. 3019 Registered No. 8  
 (c) City Independence Street Spartanum 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. 11403-2 19th St 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**

3. SEX male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
74 8 25

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

12. BIRTHPLACE (CITY OR TOWN) Russellville (STATE OR COUNTRY) Logan Co. Ky

FATHER 13. NAME Anderson Decoursey

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Matilda Whitlow

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

17. INFORMANT Mrs. Mollie Woody (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Wash DATE Jan 5, 1938

19. FUNERAL DIRECTOR Ott + Mitchell (ADDRESS) Independence Mo

20. FILED 1-11-38 1938 J. L. Cook Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Daytona, 19...  
 I last saw him alive on 12/21, 19... Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:  
Automobile Trauma Pedestrian  
To Sacrum + pelvis  
Hemorrhage  
Cerebral hemorrhage skull

Other contributory causes of importance:  
21/21

Name of operation none Date of —  
 What test confirmed diagnosis autopsy Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide pedestrian Date of injury 1-3, 1938  
 Where did injury occur? Wimmer Rd on highway (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Wimmer Rd on highway  
 Manner of injury Automobile Trauma Pedestrian  
 Nature of injury To Sacrum + pelvis

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify —  
 (Signed) H. Woody M. D.  
 (Address) Daytona

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 N. B.—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.

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

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STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**