

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

3056
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township _____ Primary Registration District No. 3020 Registered No. _____
 (c) City Carthage (d) Street No. M. Cunn - Brooks Hospital 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. Route 2 - Jasper St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
9 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) (STATE OR COUNTRY) Jasper County Missouri

FATHER 13. NAME R. E. Watts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roberson Illinois

MOTHER 15. MAIDEN NAME Edith Hesser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huttonville Illinois

17. INFORMANT (ADDRESS) R. E. Watts Route 2 - Jasper, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE Jan. 16, 1938

19. FUNERAL DIRECTOR (ADDRESS) Frees Mortuary Carthage, Missouri

20. FILED Jan 15, 1938 W. M. Howard M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/13/38 1938 to 1/15/38 1938
 I last saw him alive on 1/14/38 1938 Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Rt Lobar Pneumonia Date of onset 1-12-38
108
 Other contributory causes of importance: Cerebral Embolus 1-15-38

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exant lat Was there an autopsy? No

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 _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) Walter H. Angus M. D.
 _____ (Address) Carthage Mo.

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

STATEMENT BY LICENSED EMBALMER

I, Emuel Stueell Licensed Embalmer No. 391

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

Emuel Stueell

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.)