

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.

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

3060
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township Carthage Primary Registration District No. 3020 Registered No. _____
(c) City Carthage (d) Street No. _____
(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. 208 N. Main St. Carthage (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) May 5, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 8 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
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) Carthage
(STATE OR COUNTRY) Missouri

13. NAME Roy Ainsworth

14. BIRTHPLACE (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Thelma E. Gline

16. BIRTHPLACE (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Missouri

17. INFORMANT Roy Ainsworth
(ADDRESS) 208 N. Main Carthage

18. BURIAL, CREMATION, OR REMOVAL
PLACE W. M. Howard DATE Jan. 22, 1938

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

20. FILED Jan. 22, 1938 W. M. Howard M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938, to Jan 21, 1938.
I last saw her alive on Jan 20, 1938. Death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Jan. 12

Other contributory causes of importance: 108

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? no
If so, specify _____
(Signed) Walter E. Byrd M.D.
(Address) Carthage Mo

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Emma R. Stueck, 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
working under my personal supervision.

Signed Emma R. Stueck, Registered Apprentice No.

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.)