

REC'D MAR 15 1938

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

6370
Do not use this space.

1. PLACE OF DEATH

(a) County Carter

Registration District No. 143

(b) Township Cross

Primary Registration District No. S205

Registered No. 150

(c) City Stillborn

(d) Street No. 150

(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. Stillborn St. 150
(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) stillborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1938

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

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) Van Buren, Mo.

13. NAME Everett C. Chaffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellisville, Mo.

15. MAIDEN NAME Phelma Whitehead

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

17. INFORMANT (ADDRESS) Everett C. Chaffin, Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Van Buren DATE 2-25-1938

19. FUNERAL DIRECTOR (ADDRESS) Everett C. Chaffin, Van Buren, Mo.

20. FILED 2/25/38 M. V. Burton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-24-1938 to 2-24-1938

I last saw h. stillborn Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Asphyxiation
pressure on cord

Other contributory causes of importance: A Break, prolonged and difficult labor

Name of operation none Date of -

What test confirmed diagnosis clinical 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 Wm. H. Burton, M. D.

(Signed) Wm. H. Burton, M. D. (Address) Van Buren, Mo.

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.)