

REC'D MAR 15 1938

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

6371
Do not use this space.

1. PLACE OF DEATH

(a) County Carter(b) Township Carter(c) City VAN BUREN(d) Street No. 143Primary Registration District No. 5-205

Registered No. _____

(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. VAN BUREN, MO St. (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) Infant5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 19367. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 0 288. 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) (STATE OR COUNTRY) VAN BUREN, MO13. NAME CLAUDE WOODS14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County, Mo.15. MAIDEN NAME Emma Shippe16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co., Mo.17. INFORMANT (ADDRESS) Claude Woods, Van Buren, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Van Buren DATE 2/26/3819. FUNERAL DIRECTOR (ADDRESS) B. N. Kistler, Van Buren, Mo.20. FILED 2/26/38 1938 W. W. Osborn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-26-193822. I HEREBY CERTIFY, That I attended deceased from 2-18, 1938, to 2-26, 1938I last saw him alive on 2-26, 1938 Death is said to have occurred on the date stated above, at 7:55 P m.

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

Broncho-Pneumonia Date of onset 2-22Other contributory causes of importance: measles 2-17Name 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 U. S. H. Burton, M. D. (Signed)125 (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.)