

DEC 15 1938

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

10988
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 7 Registration District No. 398
 (b) Township Blue Primary Registration District No. 2554 Registered No. 70
 (c) City Cement City (d) Street No. House 81 Cement City 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. House 81 Cement City Mo (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 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) Chicks Slovania

FATHER
 13. NAME Anthony Stephan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicks Slovania

MOTHER
 15. MAIDEN NAME Judytha Lapsley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicks Slovania

17. INFORMANT (ADDRESS) Ms Anna M. M... Cement City MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE Mar 8 38

19. FUNERAL DIRECTOR (ADDRESS) Joseph G. Barron Independence Mo

20. FILED 3-16-1938 F. R. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1938

22. I HEREBY CERTIFY, That I attended deceased from

Dr. Crover to 1938
 I last saw h. alive on 11:45 P.M. Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Lobar Emphysema
Pericarditis & complete synchysis
 Other contributory causes of importance:
Myocardial failure

Name of operation none Date of 2/27

What test confirmed diagnosis? Autops Was there an autopsy? Yes

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) Harvey Reynolds, M. D.

(Address) _____

WRITE 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.

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.)