

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.

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13362
 Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 1003
 (b) Township 9 Primary Registration District No. _____
 (c) City Route City (d) Street No. Route City Hospital #1 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.

Registered No. **3966**

2. PRINT FULL NAME

(a) Residence, No. Unknown St. X (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) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 65

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown
 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) Unknown

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Carl Kueper - P.D. 1903 E. Denton

18. BURIAL, CREMATION, OR REMOVAL PLACE Chaffersfield DAY Apr 29 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mullens Bros 4257 Wendell Blvd

20. FILED APR 29 1938 J. F. Budick Local Registrar

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Primary
Coronary Occlusion
Arterio Sclerosis

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 Spontaneous
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Joseph M. Jernigan M.D.
 _____ (Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.