

5:38 a.m.

REC'D MAY 18 1938

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

14519
Do not use this space.

1. PLACE OF DEATH

(a) County Saugus Registration District No. 280
(b) Township Memorbury Primary Registration District No. 6-383
(c) City Brushy Knob (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

Robert Lord 6:00
(a) Residence, No. Brushy Knob Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 0 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Brushy Knob Mo

FATHER 13. NAME Jerry Lord
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saugus Co. Mo

MOTHER 15. MAIDEN NAME Anna Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saugus Co. Mo

17. INFORMANT (ADDRESS) Myrtle Lord
Brushy Knob, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Saugus DATE 3-19 1938

19. FUNERAL DIRECTOR (ADDRESS) None

20. FILED May 18 1938 Mrs. Mae Ribman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-12-38, 1938, to 3-18-38, 1938
I last saw him alive on 3-18-38, 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Cardiac Failure

Date of onset

Other contributory causes of importance:
Mitral insufficiency
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) M.C. Gentry, M. D.
(Address) W.A. Way

S. M. C. Gentry

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 con-
the above constitutes grounds for revocation of license.)**