

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D MAY 25 1938

16137

Do not use this space.

1. PLACE OF DEATH

(a) County Winn Registration District No. 895
(b) Township North Spring Primary Registration District No. 6197
(c) City Winn (d) Street No. 5 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 yes yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 101 St. 1
(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 (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luther Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-12-1891
7. AGE YEARS 46 MONTHS 6 DAYS 29 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Piedmont, Mo.
13. NAME M. J. Frankner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frank Co., Mo.
15. MAIDEN NAME Victoria Howard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont, Mo.
17. INFORMANT (ADDRESS) Luther Allen
101 Piedmont, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty Cem. DATE 4-11-1938
19. FUNERAL DIRECTOR (ADDRESS) Friends & Neighbors
5-9 1938 Mrs. J. E. Bone
20. FILED 5-9 1938 Mrs. J. E. Bone
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11 1938
22. I HEREBY CERTIFY, That I attended deceased from 12-27 1937 to 4-11 1938
I last saw her alive on 4-10 1938 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Gall-Stones
Date of onset
Other contributory causes of importance:
Name of operation Neph Date of 12-27
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? 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) J. E. Bone M. D.
(Address) Piedmont, 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.)