



---

---

**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.)**

ALL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

18163  
Do not use this space.

PLACE OF DEATH

County Douglas  
Township McMurtrey  
City .....

Registration District No. 280  
Primary Registration District No. 5383

Registered No. ....

(d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
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.

PRINT FULL NAME Stillborn - Page

Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18 - 1938  
YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
Industry or business in which work was done, as saw mill, bank, etc.  
Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

BIRTHPLACE (CITY OR TOWN) STATE OR COUNTRY

NAME

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MAIDEN NAME

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FORMER ADDRESS

DISPOSITION, CREMATION, OR REMOVAL

DATE

LOCAL HEALTH DIRECTOR ADDRESS

June 10, 1938 Miss Mae Robinson Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw h... alive on 19... 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:

Other contributory causes of importance:  
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?... 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) Miss Mae Robinson  
(Address) Madison, Mo

SUPPLEMENTARY

4-1 8163

1938