

REC'D JUN 14 1938

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

18335

Do not use this space.

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 317  
 (b) Township Wilson Primary Registration District No. 5442 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 Louis Yenisek 522

(a) Residence, No. Brookline, Mo. R#1 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 (write the word) bachelor

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.  
80 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. blacksmith  
 10. Date deceased last worked at this occupation (month and year) 10 yr. ago 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

FATHER 13. NAME unknown 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Elsie Evans  
(ADDRESS) 740 N. Kansas, Springfield, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Phillios, Cem DATE May, 22, 193819. FUNERAL DIRECTOR T.W. Maples  
(ADDRESS) Cleaver, Mo.20. FILED May 22 1938 Mrs. Bertha Hancock  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. deceased alive on May 21, 1938 Death is saidto have occurred on the date stated above, at about 4-30 A.M. m.

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

Carcinoma of Stomach Date of onset \_\_\_\_\_Other contributory causes of importance: 46Name of operation none 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) H. P. Terrell M. D.(Address) Springfield Mo

STATEMENT BY LICENSED EMBALMER

I, T.W. Maples Licensed Embalmer No. 2985

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*T.W. Maples*

Licensed Embalmer No. 2985

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.)