

REG JUN 20 1938

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

18526
Do not use this space.

1. PLACE OF DEATH

(a) County Washburn Registration District No. 411
 (b) Township Wagon Primary Registration District No. 2002 Registered No. _____
 (c) City Yoplin (d) Street No. 2223 St. Johns Hosp. 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

Mrs. Eva Lula Keaincart 32 hrs.
 (a) Residence, No. 2705 Quincy Ave. St. Yoplin, Mo.
 (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 F. 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 wife of John Keaincart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 52 0 20

OCCUPATION 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) last Wednesday 11. Total time (years) spent in this occupation 31 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keellogg, Iowa

FATHER 13. NAME Mr. David Michner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Hina Michner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Mrs. Nell Miller (Daughter)
Washburn, Mo.

18. PLACE OF BURIAL OR REMOVAL PLACE Picher, Okla. DATE 5-1, 1938

19. FUNERAL DIRECTOR (ADDRESS) Burnell's Funeral Home
Picher, Okla.

20. FILED 5-2, 1938 E. J. James
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1938, to April 30, 1938
 I last saw h. r. alive on April 30, 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Post operative shock
gastric aneurysm ruptured
appendicitis
Date of onset _____

Other contributory causes of importance: 101

Name of operation Drainage of appendix Date of operation 4-30-38
 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) A. M. ... M. D.
 (Address) Yoplin, Mo.

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.

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.)