

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.

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 399

20840

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1002
 (b) Township Keokuk Primary Registration District No. 1002
 (c) City Kennett (d) Street No. 400 E. 1st St St. Mo.
 (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

(a) Residence, No. 1106 E. 33rd Street St. Mo. (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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Calizinda Bathe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1878

7. AGE YEARS 66 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 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) Iowa (STATE OR COUNTRY)

FATHER 13. NAME John Bathe

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

MOTHER 15. MAIDEN NAME Sarah Rice

16. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Reverend Clerk
K. C. Gen Hosp Kennett Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE 6/6/38

19. FUNERAL DIRECTOR (ADDRESS) Bergman Fun Home

20. FILED 6-6 1938 M. M. Crowe Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from June 1, 1938, to June 3, 1938

I last saw him alive on June 3, 1938 Death is said to have occurred on the date stated above, at 6:30 am

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

Hypertensive Heart Disease with Cardiac decompensation Date of onset

Other contributory causes of importance: 95 B21

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

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) G. F. De Maria M. D.

(Address) K. C. Gen Hosp Kennett 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.)