

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.

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REC'D JUL 14 1938

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

21243  
Do not use this space.

1. PLACE OF DEATH:  
 (a) County Andrew Registration District No. 912  
 (b) Township Van Dolen Primary Registration District No. 1550 Registered No. 24  
 (c) City Van Dolen (d) Street No. \_\_\_\_\_ (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 Murtha E Givens 152  
 (a) Residence, No. \_\_\_\_\_ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George M Givens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 18 91

7. AGE YEARS 91 MONTHS 2 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper

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) Memu

FATHER 13. NAME Andrew Richards  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memu

MOTHER 15. MAIDEN NAME Lulanda Frazier  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memu

17. INFORMANT (ADDRESS) Mrs Geo Kaylor

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksburg Mo DATE 6 25 38

19. FUNERAL DIRECTOR (ADDRESS) W J Galer  
Van Dolen Mo

20. FILED June 24 1938 Carrie F. Utterback Local Registrar. 27

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1938, to June 23 1938  
 I last saw her alive on June 23 1938. Death is said to have occurred on the date stated above, at 4:09 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Valvular Heart Disease  
97W  
 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 H. A. Kloud (Signed) \_\_\_\_\_, M. D.  
Van Dolen Mo (Address)

STATEMENT BY LICENSED EMBALMER

I, Wm B Waters, Licensed Embalmer No. 3324-

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 Wm B Waters  
Licensed Embalmer No. 3375

**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.)**