

REC'D JUL 17 1938

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

21259

Do not use this space.

1. PLACE OF DEATH

(a) County *Barry Jenkins* Registration District No. *29*
 (b) Township *Jenkins* Primary Registration District No. *5048* Registered No. *14*
 (c) City *Jenkins* (d) Street No. *Route 1, Jenkins, Mo.* St. _____
 (e) Length of residence in city or town where death occurred *0* yrs. *6* mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. *Barry County* 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 *Female* 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 *Fred O. Long*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 20, 1886*
 7. AGE YEARS *52* MONTHS *21* DAYS *24* If LESS than 1 day, _____ hrs. or _____ min.
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *Arkansas*

FATHER 13. NAME *Fred Sears* 14. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *Clayton* 16. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *Fred O. Long, Cassville, Missouri*18. BURIAL, CREMATION, OR REMOVAL PLACE *Pilant* DATE *3/18* 193819. FUNERAL DIRECTOR (ADDRESS) *Koon Funeral Home, Cassville, Mo.*20. FILED *7-10* 1938 *Beow Newman* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/16/38* 1922. I HEREBY CERTIFY, That I attended deceased from *2/11/38*, 19, to *3/16/38*, 19I last saw her alive on *3/14*, 19*38*. Death is said to have occurred on the date stated above, at *10:30* a.m.

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

neurosyphilis

Date of onset

unk.

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? *clinical* 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? *no*

If so, specify _____

(Signed) *Beow Newman* M. D.(Address) *Cassville, Mo.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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, R. J. Miller, Licensed Embalmer No. 3794

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Gene Hood and

R. J. Miller L. E. 3804 & 3794

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed R. J. Miller
Licensed Embalmer No. 3794

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.)