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 14 1938

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

21367
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 623
(c) City St. Joseph, — (d) Street No. Missouri Meth 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Edward Earixson 625
(a) Residence, No. R F D 5 St. Joseph, St. (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25. 1927.
7. AGE: YEARS 10 — MONTHS 7 — DAYS 18 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 4th B. School
9. Industry or business in which work was done, as saw mill, bank, etc. Hosea School
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) St. Joseph, Missouri 0 0

FATHER
13. NAME Lawrence Earixson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri 0

MOTHER
15. MAIDEN NAME Tillie K Goerke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

17. INFORMANT (ADDRESS) Tillie Earixson St. Joseph, R F D 5
18. BURIAL, CREMATION, OR REMOVAL Ashland Cemt.
PLACE St. Joseph, Mo DATE June 15, 1938
19. FUNERAL DIRECTOR (ADDRESS) H. O. Sidenfaden & Son 1802 Union Str St. Joseph, Mo.
20. FILED 6/15 1938 H. J. Mattebrady Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June. 13. 1938
22. I HEREBY CERTIFY, That I attended deceased from 6/8 1938 to 6/13 1938
I last saw him alive on 6/13 1938 Death is said to have occurred on the date stated above, at 8/40p m.
The principal cause of death and related causes of importance were as follows:
Diarrhea and Enteritis — Date of onset 6/7/38
1206
Other contributory causes of importance:
Name of operation Clinical 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? No.
If so, specify
(Signed) C. S. Branson M. D.
(Address) 670 Frances St

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Robt P. Clarkson, Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

✓ L. E. ✓

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed Robt P. Clarkson

Licensed Embalmer No. 4028

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)