

REC'D JUL 20 1938

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

22136

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Jasper Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Jasper (d) Street No. 1015 Furnace 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

(a) Residence, No. 1011 3rd St. 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 Girl 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 - 1938

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) Jasper, Mo.

FATHER 13. NAME Lorenzo Fowler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bentonsville, Ark.

MOTHER 15. MAIDEN NAME Alusedy McCreutchen  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Lorenzo Fowler, Jasper, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkway DATE 6/18 - 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Permy & Luebel, Jasper, Mo.20. FILED 6-21-38 E. D. James Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1938

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
Sonye Head  
 I first saw her alive on June 17, 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Still born (about 1 month premature)  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:

Eclampsia

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 \_\_\_\_\_

(Signed) E. D. James, M. D.(Address) Jasper, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT TO GRADUATE STATE EMBALMERS  
CONTAINING DATA TO BE FURNISHED  
TO THE BOARD OF EMBALMERS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

Licensed Embalmer No. ....

P.O. Address

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

**If this body is not embalmed, above space should be left blank.**