

REC'D JUL 22 1938

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

22395

Do not use this space.

## 1. PLACE OF DEATH

(a) County Marion Mo Registration District No. 546  
(b) Township Waverly Creek Primary Registration District No. 5738 Registered No. \_\_\_\_\_  
(c) City Waverly (d) Street No. \_\_\_\_\_ 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. Henry Prince St. 652  
Waverly Route Mo (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 MM 4. COLOR OR RACE WH 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
85 2 28

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

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) St. Thomas Mo

FATHER 13. NAME Henry Prince 7  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo 9

MOTHER 15. MAIDEN NAME Blank  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Know.

17. INFORMANT Johas Prince (ADDRESS) Waverly

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Cem DATE June 30 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Myrtle Edson  
Royal Mo

20. FILED July 8 - 1938 Sam A. Warner Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1938

I HEREBY CERTIFY, that I attended deceased from June 29 1938 to June 29 1938

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 1 P. m.

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

@oplexy Date of onset  
8/2/38

Other contributory causes of importance:

Name of operation none Date of.....  
What test confirmed diagnosis? none 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 h  
Nature of injury h

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) O. Jones, M. D.

(Address) Waverly Mo  
49

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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**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 comply with the above constitutes grounds for revocation of license.)**

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