

REC'D JUL 22 1938

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

22423

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 252
(b) Township Warren Primary Registration District No. 2745 Registered No. 57
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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. Johanna K. Michael 240 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7-1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 3 3
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. at home
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Missouri

FATHER 13. NAME Archie Benjamin Michael

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Missouri

MOTHER 15. MAIDEN NAME May Paul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Missouri

17. INFORMANT Archie B. Michael (ADDRESS) Monroe City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE 6/11 1938

19. FUNERAL DIRECTOR Groves & Ginn (ADDRESS) Warren St. Marion Mo

20. FILED 6/11 1938 Mrs. Alta V. Wagner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/10 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

to have occurred on the date stated above, at 6:42 m.

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

Chief died without medical attention.

Chief was feebler since Birth.

Other contributory causes of importance: 200 P.

Name of operation none 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?.....

If so, specify.....

(Signed) E. M. Luke, M. D.

(Address) St. Peter's Marion County

STATEMENT BY LICENSED EMBALMER

I, George J. Givan, Licensed Embalmer No. 1754

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed~~ ^{buried} by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed George J. Givan

Licensed Embalmer No. 1754

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.)