

REC'D JUL 25 1938

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

23157
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon Registration District No. 875
(b) Township _____ Primary Registration District No. 3039 Registered No. 151
(c) City Nevada Missouri (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 Lorenzo Ellsworth Deaton
(a) Residence, No. 714 North Clay, Nevada Mo. St. (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Deaton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25th. 1863
7. AGE YEARS 74 MONTHS 8 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired Sec. Foreman
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) 1933 11. Total time (years) spent in this occupation 35
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Ill. /
FATHER 13. NAME James Deatom 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9
MOTHER 15. MAIDEN NAME Sally Kleghorn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT Lula Belle Swarans.
(ADDRESS) Foster Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cem. Foster June 21/38
19. FUNERAL DIRECTOR (NAME) Booths
(ADDRESS) Rich Hill Missouri
20. FILED 6/21 1938 Allen V. Mayo
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19/38, 19
22. I HEREBY CERTIFY, That I attended deceased from June 1 1889 June 19 38
I last saw him alive on 6/19 8:35 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:
Cerebral Hemorrhage Date of onset _____
Other contributory causes of importance:
Arterio Sclerosis
Name of operation None 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? by 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) J. M. Yates, M. D.
(Address) 795 _____

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.

MAY 22 1947

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,

John G Underwood

or by

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

Signed.....

John G Underwood

Licensed Embalmer No. 3585

P. O. Address Rich Hill Missouri

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.