

REC'D AUG 8 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 399

24352

Do not use this space.

2857

## 1. PLACE OF DEATH

(a) County JacksonRegistration District No. 1(b) Township LibertyPrimary Registration District No. 2002(c) City Jackson City(d) Street No. 4404 Tracy 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. 4404 Tracy St. 1

(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)

Married

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

Edna Mae Player

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Apr. 9, 1885

## 7. AGE

YEARS

53

MONTHS

3

DAYS

4

If LESS than 1 day, ..... hrs. or ..... min.

## 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)

Jeweler  
July 13, 3811. Total time (years) spent in this occupation 30 1

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Rochester  
New York

## FATHER

## 13. NAME

Charles Player

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

## MOTHER

## 15. MAIDEN NAME

Nancy Carpenter

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

## 17. INFORMANT (ADDRESS)

McEdna Mae Player  
4404 Tracy

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Moriah DATE July 15, 38

## 19. FUNERAL DIRECTOR (NAME)

Wm. W. McElroy  
Grave Creek & Pass

## 20. FILED

7-15, 1938 M. M. Crowe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 193822. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938, to July 13, 1938I last saw him alive on July 13, 1938. Death is saidto have occurred on the date stated above, at 7:15 P. m.

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

Date of onset

1934

Other contributory causes of importance:

Chronic Nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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 Yes(Signed) M. M. Crowe, M. D.(Address) 7. P. Mo.

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

*Nell Carr*

Licensed Embalmer No.

*3976*

P. O. Address

*1401 Brushcree*

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.

JUN 17 1948

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*May 21 5 49 PM*