

REC'D AUG 23 1938

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

24889  
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway 1 Registration District No. 104  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3008 Registered No. \_\_\_\_\_  
 (c) City Fulton, Mo (d) Street No. State Hospital #1 185 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 6 yrs. 0 mos. 19 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Earl Hallie Underwood 536

(a) Residence, No. Martinsburg, Mo 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Laura Underwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1893

7. AGE YEARS 45 MONTHS ? DAYS ? If LESS than 1 day, hrs. or min.

OCCUPATION 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) etc. 11. Total time (years) spent in this occupation OK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

FATHER 13. NAME OK. 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OK. 9

MOTHER 15. MAIDEN NAME OK.

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

17. INFORMANT (ADDRESS) State Hospital Records  
Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Reuben City, Mo DATE July 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Pugh & Son  
Reuben, Mo.

20. FILED July 25, 1938 R. N. Crews  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937 to July 25, 1938  
 I last saw h. l. m. alive on July 25, 1938. Death is said to have occurred on the date stated above, at 7:30 m.

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

1) Heart Block and myocarditis

Date of onset April 38

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 None

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) F. A. Barnett, M. D.

(Address) Fulton, Mo.

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.

**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 Carl E. Puchko

Licensed Embalmer No. 3189

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.**