

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D AUG 24 1938

591 25361

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township Springfield Primary Registration District No. 2001
(c) City Springfield (d) Street No. 504 S. Market
(e) Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? 17 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

(a) Residence No. 504 S. Market St. Mo. (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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1938
7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 0 hrs. 0 min.

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) — 11. Total time (years) spent in this occupation —

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

13. NAME James Lee Dean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

15. MAIDEN NAME Edna Beal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.

17. INFORMANT (NAME) James Lee Dean
(ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL (NAME) Springfield Mo.
PLACE Springfield Mo. DATE July 28 1938

19. FUNERAL DIRECTOR (NAME) George A. George
(ADDRESS) Springfield Mo.

20. FILED July 27 1938 Local Registrar. 591

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1938

22. I HEREBY CERTIFY that I attended deceased from July 27 1938 to July 27 1938
I last saw him alive on July 27 1938. Death is said to have occurred on the date stated above, at 6:00 m.
The principal cause of death and related causes of importance were as follows:

Very small mother with contracted pelvis causing difficult delivery Date of onset 7/27/38

Other contributory causes of importance:

Name of operation Cesarean Delivery Date of 7/27/38
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? 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 —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) Robert Williams, M. D.
(Address) Springfield, Mo.

STATEMENT BY LICENSED EMBALMER
RECEIVED BY DEPT. OF HEALTH
RECEIVED BY DEPT. OF HEALTH

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.