

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

REC'D AUG 11 1938

25647  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 409  
 (b) Township Waverly Primary Registration District No. 5563 Registered No. \_\_\_\_\_  
 (c) City Quinn Street No. 3 E of Duane 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**

(a) Residence, No. 5 E of Duane St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 - 1874

7. AGE YEARS 63 MONTHS 8 DAYS 9 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. Farming  
 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) Quinn, Mo.

FATHER 13. NAME W S Chambers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quinn, Mo.

MOTHER 15. MAIDEN NAME Josephine Chambers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quinn, Mo.

17. INFORMANT (ADDRESS) Family

18. BURIAL, CREMATION, OR REMOVAL PLACE Stone Point DATE July 29 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Smith

20. FILED 7-29 1938 Local Registrar.

**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 25 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 Quinn, Mo.

The principal cause of death and related causes of importance were as follows:  
Systolic Aortic Aneurysm + Valvular lesion  
Myocarditis

Other contributory causes of importance: 34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy 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? No  
 If so, specify \_\_\_\_\_ (Signed) J. H. Garrison, M. D.

(Address) Quinn, 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 Steve Parker

Licensed Embalmer No. 2048

P. O. Address Gophersville

**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.**