

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

**25961**  
Do not use this space.

REC'D AUG 25 1938

**1. PLACE OF DEATH**

(a) County Missouri Registration District No. 582  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4344 Registered No. 27  
 (c) City Paris (d) Street No. MS Murray Hospital 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. Paris, Mo 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 7 1938

7. AGE YEARS MONTHS DAYS 1 If LESS than 1 day, 5 hrs. or 30 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE  
 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) PARIS (STATE OR COUNTRY) Mo. 0

FATHER 13. NAME CECIL GIESLER 0

14. BIRTHPLACE (CITY OR TOWN) CUBA (STATE OR COUNTRY) Mo. 0

MOTHER 15. MAIDEN NAME FAY WHITE

16. BIRTHPLACE (CITY OR TOWN) MONROE CO. (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. SAM WHITE  
Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE SCOBEE CEM. DATE MAY 9 1938

19. FUNERAL DIRECTOR (ADDRESS) NONE

20. FILED MAY 9 1938 H. C. Payne Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938 to May 8, 1938  
 I last saw him alive on May 7, 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Premature gestation due to mother having measles

Date of onset

5-7-38

Other contributory causes of importance: 154

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical 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) M. C. Mc Murray, M. D.  
Paris, Mo

(Address) Paris, Mo 514

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 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.

59  
4  
0

---

---

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**