

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.

REC'D AUG 25 1938

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

25969

Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 1
 (b) Township Union Primary Registration District No. 580 Registered No. _____
 (c) City _____ (d) Street No. 5777 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

(INFANT) SUDSBERRY 321
 (a) Residence, No. Monroe Co., 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) June 11, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. still born
 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) (STATE OR COUNTRY) Monroe Co., Mo.
 13. NAME Marvin L. Sudsberry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co., Missouri
 15. MAIDEN NAME Fern Akers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co., Missouri
 17. INFORMANT (ADDRESS) Marvin Sudsberry, Madison, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Holiday, Mo. DATE 6-11 1938
 19. FUNERAL DIRECTOR (ADDRESS) None
 20. FILED 6/11 1938 the first day Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1938
 22. I HEREBY CERTIFY That I attended deceased from June 11, 1938 to June 11, 1938
 last saw Still born Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Still born (Head)
hung in fetus
to form & reached
patient
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 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? _____ 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. M. Berry M. D.
Monroe, Mo. (Address) 5777

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.)