

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

26241
 Do not use this space.

1. PLACE OF DEATH **Weston Mo** **12/28**
 (a) County **Platte** Registration District No. **698**
 (b) Township _____ Primary Registration District No. **4470** Registered No. _____
 (c) City **Weston** (d) Street No. _____
 (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 **David W. - named 522**
 (a) Residence, No. **Weston 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 **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 17, 1938**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 hr
 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) **Weston mo** (STATE OR COUNTRY) _____

FATHER 13. NAME **Eddie R. Simshuser**

14. BIRTHPLACE (CITY OR TOWN) **Weston mo** (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME **Mary A. Ramsey**

16. BIRTHPLACE (CITY OR TOWN) **Helena mo** (STATE OR COUNTRY) _____

17. INFORMANT **Eddie R. Simshuser** (ADDRESS) **Weston mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **at home** DATE **7-17-38**

19. FUNERAL DIRECTOR **Cared for by family** (ADDRESS) _____

20. FILED **7/17 38** **J. H. Brill** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 17, 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **July 17, 1938**, to **July 17, 1938**
 I last saw h.l.m. alive on **July 17, 1938**. Death is said to have occurred on the date stated above, at **10:30 p.m.**
 The principal cause of death and related causes of importance were as follows:

Premature baby
Period of Gestation 5 mos.
 Date of onset _____
 Other contributory causes of importance: **15A**

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) **Keppac Pennington**
Weston mo (Address) **628**

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.

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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.)