SEP 19 1938

See also 1959-39

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

28608 Am 6/39
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar — Registration District No. 165

(b) Township Washington — Primary Registration District No. 5234 — Registered No. 83

(c) City Caplinger Mills (d) Street No. ..... 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 Lillie D. Imhoof 510

(a) Residence, No. ..... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 20, 1874

7. AGE: YEARS 63 — MONTHS 10 — 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. Housewife
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): Green Co. Mo.

FATHER
13. NAME: J. W. Irby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Green Co. Mo.

MOTHER
15. MAIDEN NAME: Dialtha Tuck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Green Co. Mo.

17. INFORMANT (ADDRESS): Martha Haga, Bolivar Mo R 4

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hickory Tree DATE Aug 30, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. C. DAVIS & CO. Stockton, Mo.

20. FILED Aug 30, 1938 Mr. W. A. Brown, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1937, to Aug 29, 1938
I last saw her alive on Aug 29, 1938. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance: 8 2 21

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? .....
If so, specify .....
(Signed) H A Simrell, M. D.
(Address) Stockton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-38-37
Date Filed 9-13-38

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, Melvin Church, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co[illegible] with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.