

SEP 23 1938

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

29225
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Jackson Primary Registration District No. 5563A Registered No. _____
 (c) City No (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 8 yrs. 10 mos. 10 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Samuel Tarrant
 (a) Residence, No. Jasper County 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1858

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 PM.

7. AGE YEARS 80 MONTHS 8 DYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

Cerebral hemorrhage

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Preacher
 10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

Date of onset _____
 Other contributory causes of importance:
arteriosclerosis
Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

13. NAME Benjamin W Tarrant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Elnor Layren

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) J A Trentwood Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cal Hill Cem DATE Aug 12 1938

19. FUNERAL DIRECTOR (ADDRESS) Knell Nuttary Carthage Mo

20. FILED Aug 12, 1938 E. J. Mc Intire, M.D. Local Registrar

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) W Russell Smith M. D.
865 (Address) Carthage Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

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District Health Officer No. 6,

District File Number 6-38-24

Date Filed 9-19-38

STATEMENT BY LICENSED EMBALMER

I, J. W. Mc, Licensed Embalmer No. 814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by not embalmed

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed J. W. Mc
Licensed Embalmer No. 814

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