

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29386
 Do not use this space.

DECD SEP 16 1938

1. PLACE OF DEATH

(a) County Linn Registration District No. 496
 (b) Township Brookfield Primary Registration District No. 3075 Registered No. 62
 (c) City Brookfield (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

(a) Residence, No. 225 E. Roland 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 Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 24 hrs. or min. 24

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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Brookfield (STATE OR COUNTRY) Mo.

FATHER 13. NAME Era J. Hammond Jr.

14. BIRTHPLACE (CITY OR TOWN) Brookfield (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Constance Johnson

16. BIRTHPLACE (CITY OR TOWN) Kirkville (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Era J. Hammond Jr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo. DATE Aug 13 1938

19. FUNERAL DIRECTOR (ADDRESS) Home A. Bowden

20. FILED Sep 1 1938 Wootledge Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1938, to Aug 17, 1938.
 I last saw him alive on Aug 17, 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary, Arteriosclerosis Date of onset 22 hrs.
 Other contributory causes of importance: 154
Operative
(6 1/2 hrs. operation)
 Name of operation 0 Date of 0
 What test confirmed diagnosis? 0 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 0, 19____
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify 0
 (Signed) John W. Lang M. D.
 (Address) Brookfield, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-23

Date Filed 9-14-38

STATEMENT BY LICENSED EMBALMER

I, Homer S. Bowden

Licensed Embalmer No. 3295

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

L. E.

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

Registered Apprentice No. _____

Signed

Homer S. Bowden

Licensed Embalmer No. 3295

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.)