

REC'D OCT 18 1938

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

31575
Do not use this space.

1. PLACE OF DEATH

(a) County ANDREW Registration District No. 15
(b) Township SLATTE Primary Registration District No. 5019
(c) City WHITESVILLE (d) Street No. 10 Registered No. 10
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES ALFRED MEDANIEL

(a) Residence, No. WHITESVILLE 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS JENNIE MEDANIEL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-19-1863

7. AGE YEARS 75 MONTHS 10 DAYS 20 If LESS than 1 day,hra. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. VETERINARIAN
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) WHITESVILLE MO (STATE OR COUNTRY)

FATHER 13. NAME JOSHUA MEDANIEL

14. BIRTHPLACE (CITY OR TOWN) SALVANNAH MO (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME SERILDA YATES

16. BIRTHPLACE (CITY OR TOWN) WHITESVILLE MO (STATE OR COUNTRY)

17. INFORMANT MRS JENNIE MEDANIEL (ADDRESS) WHITESVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE WHITESVILLE DATE OCT-11-1938

19. FUNERAL DIRECTOR J. FRED TERRAUNE (ADDRESS) SALVANNAH MO

20. FILED Oct 12 1938 Mrs E C Jefferies Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) act 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1938 to Oct 8 1938. I last saw him alive on Oct 8 1938. Death is said to have occurred on the date stated above, at 7A m. The principal cause of death and related causes of importance were as follows:

July 19 38
Distension of Stomach
Date of onset July 19 38
Other contributory causes of importance 4012

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

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: JA Wilson M.D. (Signed) _____, M. D. (Address) Reverdale, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, Fred Terhune, Licensed Embalmer No. 1279

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 Fred Terhune

Licensed Embalmer No. 1279

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.)