

1938 OCT 7

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

31622
Do not use this space.

1. PLACE OF DEATH *Barton* Registration District No. *40*
 (a) County.....
 (b) Township..... Primary Registration District No. *4024*
 (c) City *Lamar* (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 *Stillborn*
 (a) Residence, No. 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-6-1938*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
premature (4 mo. foetus)
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-6-1938*
 22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *10:20* a.m.
 The principal cause of death and related causes of importance were as follows:

Stillborn
4 mo. foetus
 Date of onset
 Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lamar Mo.*
 FATHER 13. NAME *J. S. Summers*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kirkville, Mo.*
 MOTHER 15. MAIDEN NAME *Mabel Brown*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lamar Mo.*
 17. INFORMANT (ADDRESS) *J. S. Summers, Lamar Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *disposed of by family* DATE *9-6-1938*
 19. FUNERAL DIRECTOR (ADDRESS) *none*
 20. FILED *9-6-1938* *Mrs. Josephine Mynatt* Local Registrar

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) *James A. Atkins, M. D.*
Lamar, Missouri

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. 6,

District File Number 6-38-287

Date Filed 10/4/38

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 the above constitutes grounds for revocation of license.)