

DEC'D OCT 20 1938

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

32277  
Do not use this space.

## 1. PLACE OF DEATH

(a) County HarrisonRegistration District No. 334

(b) Township

Primary Registration District No. 4197Registered No. 50(c) City Bethany(d) Street No. Reed Hospital

(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 "Stillbirth"(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

## MEDICAL CERTIFICATE OF DEATH

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXX6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1938

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. XXX9. Industry or business in which work was done, as saw mill, bank, etc. XXX10. Date deceased last worked at this occupation (month and year) XXX11. Total time (years) spent in this occupation XXX12. BIRTHPLACE (CITY OR TOWN) Bethany  
(STATE OR COUNTRY) Missouri

## FATHER

13. NAME Herman Taul14. BIRTHPLACE (CITY OR TOWN) Daviess Co.  
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Arlene Estes16. BIRTHPLACE (CITY OR TOWN) Daviess Co.,  
(STATE OR COUNTRY) Missouri17. INFORMANT Eben Estes  
(ADDRESS) Jameson, Missouri

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Callatin, Mo. DATE 9/12 193819. FUNERAL DIRECTOR (NAME) S.M. Haas  
(ADDRESS) Bethany, Mo.20. FILED 9-13- 1938 A. P. Weidling  
Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 11 A.M.

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

Instrumentation Date of onset 9-11-38

Other contributory causes of importance:

Name of operation Cesarian Date of 9-12-38What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? W.

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? Bedroom at home  
(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) D. S. Keel D.O. M. D.(Address) Bethany Mo

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**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, .....

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

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