

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

32478
 Do not use this space.

REC'D OCT 21 1938

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2002 Registered No. _____
 (c) City Jasper (d) Street No. 2705 Juney 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. 2705 Juney 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 10 7 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) (STATE OR COUNTRY) Iowa

FATHER 13. NAME John Michener

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

MOTHER 15. MAIDEN NAME No data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT (ADDRESS) Dr. Mrs. Nellie Long
Wagon Oaks

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagon Oaks DATE 9-23-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagon Oaks
Wagon Oaks

20. FILED 9-23-38 1938 21 21 Local Registrar. 872

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1938 to Sept 17, 1938
 I last saw h. live on Sept 17, 1938 Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:

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

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? no
 If so, specify _____ (Signed) M. John Mangano M.D.
 (Address) 210 Wagon Oaks
Wagon Oaks

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. 6,

District File Number 6-38-331

Date Filed 10/12/38

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,

E. H. Lodge

or by

Registered Apprentice No. working under my personal supervision.

Signed

E. H. Lodge

Licensed Embalmer No. 2859

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.