

1938 OCT 25

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32908
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 625
 (b) Township Rich Primary Registration District No. 3031 Registered No. 824
 (c) City Marionville Mo. (d) Street No. St. Francis Hospital 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. 536 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Luther Sanders
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 1899
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 39 39 4 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 1
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Kansas
 MOTHER 13. NAME Elnora Tucker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Illinois
 15. MAIDEN NAME Lucia Jan Poor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Illinois

17. INFORMANT (ADDRESS) William Luther Sanders Marionville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville Mo DATE Sept 4 1938
 19. FUNERAL DIRECTOR (ADDRESS) Campbell Funeral Home 957 South Main Marionville Mo
 20. FILED Sept 5 1938 Marionville E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/30/1938
 22. I HEREBY CERTIFY, That I attended deceased from 8/13 1938 to 9/1 1938
 I last saw her alive on 9/1 1938. Death is said to have occurred on the date stated above, at 8 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism Date of onset 9/1/38
Multiple fractures of Pelvis 8/13/38
(auto mobile accident)
 Other contributory causes of importance: Multiple 710

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____ (Signed) B. H. Byrd M. D.
 (Address) Durbin Lin Jet Min

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.

210 M
98

STATEMENT BY LICENSED EMBALMER

I, W. Dean Campbell, Licensed Embalmer No. 2620
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. Dean Campbell
L. E.

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

Signed W. Dean Campbell
Licensed Embalmer No. 2620

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Nodaway Registration District No. 625-
 (b) Township _____ Primary Registration District No. 3031 Registered No. _____
 (c) City Marionville (d) Street No. _____ St. _____
 (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 Clare Pearl Sanders

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/1, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 4 18

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

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 _____

Pulmonary Embolus
Multiple fractures of pelvis
Automobile accident
 Other contributory causes of importance:
Non collision
1107N

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____, 19____ 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) B. F. England, M. D.
 (Address) Burlington, Iowa

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

SUPPLEMENT

