

REC'D OCT 25 1938

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

33049
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
 (b) Township Buffalo Primary Registration District No. 3033 Registered No. _____
 (c) City Louisiana (d) Street No. Pike Co. 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. _____ St. P.O. Bowling Green Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-21-1925

7. AGE YEARS 13 MONTHS 4 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as saw mill, bank, etc. Public school
 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) Stover Mo.

FATHER 13. NAME Wm. B. Sanders
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Mo.

MOTHER 15. MAIDEN NAME Maudie Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stover Mo.

17. INFORMANT Wm. B. Sanders
 (ADDRESS) P.O. Bowling Green, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stover Mo DATE 9-10 38

19. FUNERAL DIRECTOR Claude Rapp
 (ADDRESS) Stover, Mo.

20. FILED 9-8 1938 F. O. Henry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1938, to Sept. 8, 1938
 I last saw him alive on Sept. 7, 1938. Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Diabetic Coma

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) Edmund J. ..., M. D.
 (Address) Jourdain, Mo.

A review 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. 10

District File Number 10-38-327

Date Filed 10-8-38

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 with the above constitutes grounds for revocation of license.)