

REVISED NOV 21 1938

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

34809
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 396
 (b) Township Law Primary Registration District No. 2002
 (c) City N.E. Mo (d) Street No. 19 E. San Hospit Registered No. 4145
 (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. 629 Edward Morse St. (Usual place of abode, if no street address, write county or city)
303 N. Bellvue St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Morse
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 10, 1872
 7. AGE YEARS 66 MONTHS 3 DAY 13 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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)..... Mass
 (STATE OR COUNTRY)

FATHER 13. NAME D. Morse

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

MOTHER 15. MAIDEN NAME B. Miller

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

17. INFORMANT Regina Clark
 (ADDRESS) N.E. San Hospit

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct. 25, 38

19. FUNERAL DIRECTOR (NAME) Blackman
 (ADDRESS)

20. FILED 10-24 1938 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22-38
 22. I HEREBY CERTIFY, That I attended deceased from 10-20-38 1938, to 10-22-38, 1938.
 I last saw him alive on 10-22-38, 1938. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis Date of onset
94B
 Other contributory causes of importance:
Acute & Chronic Myocardia

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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) P. H. De. Maria, M. D.
 (Address) Dept. N.E. San Hospit

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.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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.