

NOV 1 1938

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

34833
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 309
 (b) Township Paul Primary Registration District No. 212
 (c) City Anna City (d) Street No. 300 S Gardner Registered No. 4169
 (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

Adolf De Ghelder
 (a) Residence, No. 300 S Gardner 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1858

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
80 1 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 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) Belgium

FATHER 13. NAME Joan De Ghelder

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

MOTHER 15. MAIDEN NAME Juba Verstraetes

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

17. INFORMANT (ADDRESS) James De Ghelder
300 S Gardner

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE Oct. 26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kittler
R. E. 500

20. FILED 10-26-38 M. M. Croome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 - 1938 to Oct. 23, 1938.
 I last saw him alive on Oct. 21, 1938. Death is said to have occurred on the date stated above, at 5:20 a.m.

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

Coronary occlusion Date of onset 10-23-38
94B

Other contributory causes of importance: Arteriosclerosis 9-1-36

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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) Jane Middleton, M. D.
 (Address) 724 N. Marshall Ave

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.

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.