

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Jas O'Brien
NOV 10 1938

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

35990
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Salina Primary Registration District No. 2002 Registered No.
(c) City Jasper (d) Street No. Freeman 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. Carl Junction, Mo. St. Carl Junction, 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dessie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23-1896
7. AGE YEARS 41 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.
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. flour mill
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) Carl Junction Mo
13. NAME J. S. Hildreth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carl Junction Mo
15. MAIDEN NAME Eliza Ralph
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Dessie Hildreth

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Junction DATE Oct 24 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dillon
H. Wall - Jasper

20. FILED 10-22-38 J. S. James
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1938, to Oct 21, 1938
I last saw him live on Oct 21, 1938 Death is said to have occurred on the date stated above, at 6:45 p m.
The principal cause of death and related causes of importance were as follows:

Chr. myocarditis Date of onset ?

Other contributory causes of importance:
Chr. nephritis

Name of operating physician None Date of
What test confirmed diagnosis? None as 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) James A. O'Brien M. D.
(Address) 614 1/2 Main St. Jasper, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-542

Date Filed NOV 7 1938

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,

David Dillon

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

David Dillon

Licensed Embalmer No.....

3898

P. O. Address.....

Joplin, Mo

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.