

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.

DECEMBER 7, 1938

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

38338  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson | Registration District No. 399  
 (b) Township Kaw | Primary Registration District No. 1002 Registered No. 4572  
 (c) City K6 Mo | (d) Street No. Mercy 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. 160 Sevier, KAREN St.  Bucklin, Missouri  
 (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 7 4. COLOR OR RACE W 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) Feb. 6-1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 9 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 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 10 7/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucklin, Mo. 0

13. NAME Russell Sevier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucklin, Mo. 0

15. MAIDEN NAME Stroth, Burris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marcelline, Mo. 0

17. INFORMANT (ADDRESS) Russell Sevier, Bucklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bucklin, Mo. DATE Nov. 26 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Garson, San. Home, Bucklin, Mo.

20. FILED Nov 25 38 M. M. Groves Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 25 1938

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1938, to November 25, 1938  
 I last saw her alive on November 25, 1938 Death is said to have occurred on the date stated above, at 7:15 A.M.

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

Pneumonia  
Otitis Media

Date of onset 11/18  
11/14

Other contributory causes of importance:

Marasmus

Name of operation None Date of None

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 Nov 25, 1938

Where did injury occur? Bucklin, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Charles G. Eldridge, M. D.

(Signed) Charles G. Eldridge (Address) 6247 Brookside Blvd, Kansas City, Mo.

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**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.**