

REC'D DEC 15 1938

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

39017

Do not use this space.

1. PLACE OF DEATH

(a) County Dade 2 Registration District No. 1109
(b) Township Sac. 1 Primary Registration District No. 5338 Registered No. 4
(c) City Greenfield, Mo. (d) Street No. _____ 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. Greenfield, Mo. R.F.D. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Fox
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 3
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. House keeping
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) Dade Co. Mo. 0
13. NAME David Duncan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winklesville 9
15. MAIDEN NAME Ardenia Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo. 0
17. INFORMANT Mrs. M. M. Kenney
(ADDRESS) Greenfield, Mo. #
18. BURIAL, CREMATION, OR REMOVAL PLACE Bald Mound DATE Oct 23 1938
19. FUNERAL DIRECTOR (NAME) J. W. Ward
(ADDRESS) Greenfield, Mo.
20. FILED Nov. 28 1938 Winnie King Registrar
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 21 1938 to Oct 21 1938
I last saw her alive on Oct 21 1938 Death is said to have occurred on the date stated above, at 6 P. M.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Date of onset
Other contributory causes of importance: A.H.B.
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) J. O. Cowan, M. D.
(Address) Greenfield, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-674

Date Filed DEC 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,

....., 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.