

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

LEI DEC 16 1938

39286
 Do not use this space.

1. PLACE OF DEATH

(a) County Henry ² Registration District No. 347
 (b) Township Clinton ¹ Primary Registration District No. 3818
 (c) City Clinton (d) Street No. _____
 (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

Infant Border
 (a) Residence, No. 211 West Henry St.
 (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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Stillborn

OCCUPATION 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 _____

12. BIRTHPLACE (CITY OR TOWN) Clinton (STATE OR COUNTRY) Mo.

FATHER 13. NAME Elmer Border

14. BIRTHPLACE (CITY OR TOWN) Sadalia (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Roxie Rinsand

16. BIRTHPLACE (CITY OR TOWN) Greenridge (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Elmer Border
Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Private grounds 500 16 St

19. FUNERAL DIRECTOR (NAME) Carroll & Beck (ADDRESS) Clinton Mo.

20. FILED 11-19 1938 Dr J. B. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1938 to Nov 15 1938

I last saw him alive on Nov 15 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Stillborn

Other contributory causes of importance:

Cause unknown

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? No

Also, specify _____

(Signed) Dr J. B. Hampton M. D.

(Address) Clinton Mo.

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.

RECEIVED

District Health Officer No. 7

District File Number 7-38-457

Date Filed 12-5-38

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 conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.