

REC'D DEC 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39607

Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460
 (b) Township Davis Primary Registration District No. 4274 Registered No. 57
 (c) City Higginsville, (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 Anna M. Always

(a) Residence, No. Higginsville, Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Lucy C. Always
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1855

7. AGE YEARS 83 MONTHS ----- DAYS 21 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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) Ohio.
 (STATE OR COUNTRY)

13. NAME Daniel Always

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

15. MAIDEN NAME Nany Baker

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

17. INFORMANT Leona Cassity
 (ADDRESS) K. C. Mo. 341 S Brighton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Higginsville DATE 11/5/38

19. FUNERAL DIRECTOR (NAME) A. H. Hader
 (ADDRESS) Higginsville, Mo.

20. FILED Nov. 12 19 38 T. J. Hader
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 19 38

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 19 38 to Nov 3 19 38
 I last saw him alive on Oct 31 19 38 Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Arterio sclerosis - many years 40 Date of onset

Other contributory causes of importance:

Chronic nephritis - many years

Name of operation None Date of November
 What test confirmed diagnosis? Physical findings 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) T. J. Hader M. D.

(Address) Higginsville, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/9/38

ASA BARNES, M. D.
Assistant Special Agent,
Bureau of the Census,
HIGGINSVILLE, - MISSOURI.

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. 3637

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.