

REC'D DEC 16 1938

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

40583

Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039 Registered No. 290
 (c) City Nevada (d) Street No. Nevada 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. 226 W. Walnut 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10-1925
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 5 9
 OCCUPATION 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. Student
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Earl Mitchell

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

MOTHER 15. MAIDEN NAME Opal Shoelty

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

17. INFORMANT Deland Mitchell
 (ADDRESS) Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Park DATE Nov 20 1938

19. FUNERAL DIRECTOR (NAME) Harry Lunsford
 (ADDRESS) Nevada Mo.

20. FILED 11/20 1938 Allen & Keys
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-12 1938 to 11-19 1938

I last saw him alive on 11-12 50 1938. Death is said to have occurred on the date stated above, at 12:30 pm.

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

Generalized peritonitis Date of onset 11-17-38
Acute intestinal obstruction 11-18-38
Acute Ruptured appendix 11-10-38

Other contributory causes of importance: 121

Name of operation Proctostomy Shoelty Date of 11-17-38

What test confirmed diagnosis? Asperin 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

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? Yes

If so, specify

(Signed) Allen & Keys, M. D.

775 (Address) Nevada 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 7-38-491
Date Filed 12-6-38

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 Allen V. Hoare

Licensed Embalmer No. 1938

P. O. Address Nevada 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.

