

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.

DEC'D JAN 20 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

 43552
 Do not use this space.

1. PLACE OF DEATH

(a) County Know Registration District No. 439
 (b) Township Greenburg Primary Registration District No. 4257+5596 Registered No. 12
 (c) City Baring or (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 2140 Mary Etta Atwell St. Baring Mo
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John T. Atwell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23 1878
 7. AGE YEARS 60 MONTHS 9 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) (STATE OR COUNTRY) Mt. Pleasant Iowa
 13. NAME Wallace Murray
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
 15. MAIDEN NAME Jennie Coleman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 17. INFORMANT (ADDRESS) Ruth Bailing Baring Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Greensburg DATE Dec 23 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. G. Schmidt Memphis Mo
 20. FILED 12-24, 1938 (Miss) Marjorie Burke Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1938, to _____, 19____
 I last saw him alive on Dec 23 1938 P. Death is said to have occurred on the date stated above, at 220 P.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Date of onset _____
 Other contributory causes of importance: 23
 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. G. Schmidt D.O.
 (Address) Baring Mo

RECEIVED

District Health Officer No. 10

District File Number 10-38-875

Date Filed 1-11-39

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 _____

Fredrick Smith Jr., Registered Apprentice No. 168,
working under my personal supervision.

Signed Fredrick Smith Jr.
Licensed Embalmer No. 1029
P. O. Address Memphis, Tenn.

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.