DEC 2 JAN 24 1939

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

43906
Do not use this space.

7

1. PLACE OF DEATH

(a) County New Madrid — Registration District No. 605

(b) Township Como 2 — Primary Registration District No. 4359 — Registered No.

(c) City — (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 240 Henry Ray Miskell

(a) Residence, No. — 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: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Berna E Miskell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 11 1896

7. AGE: YEARS 42 — MONTHS 3 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Common
9. Industry or business in which work was done, as saw mill, bank, etc.: Labor
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): Ind. 1

FATHER
13. NAME: Thomas Henry Miskell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind. 1

MOTHER
15. MAIDEN NAME: Elizabeth Shoaf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind. 1

17. INFORMANT (ADDRESS): Wife Parma.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Taylor Cem DATE Dec 12 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Landers Funeral Home Campbell Mo.

20. FILED 12/11 1938 Dr. Geo W Husted Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 10 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1938, to Dec 10 1938
I last saw him alive on Nov. 15, 1938. Death is said to have occurred on the date stated above, at 11:15 m P.M.
The principal cause of death and related causes of importance were as follows:

Cirrhosis liver

Date of onset

Other contributory causes of importance:
Gall stone operation June 1938
Appendectomy May 1938

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) Geo W Husted, M. D.
(Address) Parma, Mo

53

(Licensed Embalmer's Statement on Reverse Side)

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.

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.