

REC'D JAN 18 1938

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

44584

Do not use this space.

1. PLACE OF DEATH

(a) County Saline 3 Registration District No. 7968
(b) Township _____ Primary Registration District No. 3038 Registered No. 182
(c) City Marshall (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

(a) Residence, No. Odus Wilcox St. (If nonresident, give city or town and State)
No state school (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1878
7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
60 2 14
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) (STATE OR COUNTRY) Mo13. NAME Jesse M. Wilcox14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo15. MAIDEN NAME Celia J. Reed16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K. Mo17. INFORMANT (ADDRESS) School Record Marshall18. BURIAL, CREMATION, OR REMOVAL PLACE No State School DATE Dec. 17 - 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Shoemaker & Co Marshall Mo20. FILED 12-17-38 Mary Kent Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from Mar 5, 1938 to Dec 5, 1938
Last saw him alive on Dec 15, 1938 Death is said to have occurred on the date stated above, at 3:15 P.M.

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

Myocarditic Chronic Date of onset _____
93C

Other contributory causes of importance:

Name of operation None 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) F. M. Phelps, M. D.

(Address) Marshall

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/10/39

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. *81530*

P. O. Address *Marshall, W*

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.