

1938 JAN 25 1938

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

44629
Do not use this space.

1. PLACE OF DEATH

(a) County Scott 2 Registration District No. 919
 (b) Township Marley 1 Primary Registration District No. 6028 Registered No. _____
 (c) City Painton R.F.D. 1 (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

625 NOT NAMED (Died at Birth)
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1938

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 - 1938

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation

Premature birth
7 months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Painton R.F.D. 1

Other contributory causes of importance:
No Phys. w/ ch, colored, thidurps only.

13. NAME Chas Morgan Jr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. 1

15. MAIDEN NAME Estelle Lawrence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 1

17. INFORMANT (ADDRESS) Father Chas Morgan Jr. Painton R.F.D. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE McMullen Cemetery DATE Dec 28 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) None

20. FILED Dec 29 1938 Mrs L Daugherty Local Registrar.

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) John P. Hummel Jr. M.D. (Address) Charleston, Mo

Coroner Scott Co. Mo

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.