

REC'D JAN 17 1939

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

41767  
Do not use this page.

1. PLACE OF DEATH

(a) County Fernow Registration District No. 875  
(b) Township Wickliffe Primary Registration District No. 6162  
(c) City Nevada Street No. State Hosp. # 3 Registered No. 303  
(e) Length of residence in city or town where death occurred 0 yrs. 16 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 2501 George R. Hour  
Centerview Mo St.  (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beulah Hour

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7<sup>th</sup> 1889

7. AGE YEARS 49 MONTHS 3 DAYS 4 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) DK 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Perry Hour

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

MOTHER 15. MAIDEN NAME Alice Graham

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

17. INFORMANT (ADDRESS) Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Centerview, Mo DATE Dec 13 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Coolman  
Halden, Mo

20. FILED 12-11 1938 Allen V. Hays  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/5 1938 to Dec 11<sup>th</sup> 1938  
I last saw him alive on Dec 11<sup>th</sup> 1938 Death is said to have occurred on the date stated above, at 8:50 a.m.  
The principal cause of death and related causes of importance were as follows:

Septicemia  
by emboli  
Date of onset 12/5/38  
Other contributory causes of importance: Manic exhaustion

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? No  
If so, specify Fatigue  
(Signed) J. W. Coolman, M. D.  
(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 13-89-182  
Date Filed 1-13-89

**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, \_\_\_\_\_

*Samuel B Rapp*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Samuel B Rapp*

Licensed Embalmer No.

4044

P. O. Address

*Holden, 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.**