

FEB 20 1939

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

1222  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Jean Primary Registration District No. 1002  
 (c) City Jackson City (d) Street No. 72 C Gen Hosp Registered No. 235  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 450 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4440 Garfield St.  (If nonresident, give city or town and State)  
 (Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chris Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 1897

7. AGE YEARS 41 MONTHS 6 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. T.W.  
 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) Mo

FATHER 13. NAME Adam Deemer

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Reverend Clerk 72 C Gen Hosp Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 1-14-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bentley Funeral Home 5811 Leavelle K.C. Mo

20. FILED Jan 19 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1939 to 1-16 1939  
 I last saw her alive on 1-16 1939 Death is said to have occurred on the date stated above, at 9:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
 Date of onset 1-6

Other contributory causes of importance:

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? !  
 If so, specify \_\_\_\_\_  
 (Signed) P. H. DeGama M. D.  
 (Address) Sub 72 C Gen Hosp Jackson 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,

*O. B. Wamsley*

or by

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

Signed *O. B. Wamsley*

Licensed Embalmer No. *3425*

P. O. Address *Indep 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.