

REC'D FEB 20 1939

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

1234
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Jean Primary Registration District No. 1002 Registered No. 247
 (c) City Cameron (d) Street No. 220 Gen Hwy 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. 24137 St. (If nonresident, give city or town and State)
120 Paper Infant
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 1-18 1939 to 1-18 1939
 I last saw him alive on 1-18 39 Death is said to have occurred on the date stated above, at 8:20 a.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-18-39

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

Genitival Tear
Prematurity 159

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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 _____

Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

12. BIRTHPLACE (CITY OR TOWN) JCC (STATE OR COUNTRY) mo

13. NAME Bernardo Lopez

14. BIRTHPLACE (CITY OR TOWN) JCC (STATE OR COUNTRY) mo

15. MAIDEN NAME Jessie Urbana

16. BIRTHPLACE (CITY OR TOWN) JCC (STATE OR COUNTRY) mo

17. INFORMANT Deana Clark (ADDRESS) JCC Gen Hwy JCC Mo

18. BURIAL, CREMATION, OR REMOVAL Fun. Dept DATE 1-21-39

19. FUNERAL DIRECTOR Wm. B. Spelling (ADDRESS) 536 Campbell

20. FILED Jan 20 1939 M. M. Brown Local Registrar.

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? 1
 If so, specify _____

(Signed) P. F. De Maria, M. D.
 (Address) JCC Gen Hwy

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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.