

REC'D FEB 20 1939

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

1423

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Ham Primary Registration District No. 1002 Registered No. 7
(c) City W.C. Mo (d) Street No. 19 C Industrial Bldg St. 7
(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. 709 Belmont 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 Fe 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 - 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 0 0
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. Child
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) W.C. Mo 0
13. NAME W.C. Eckinger 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0
15. MAIDEN NAME Mary E. Coulton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT (ADDRESS) W.C. Eckinger
709 Belmont
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Epst Wash - Jan 18 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Proctor & Gendron
19 C Industrial Bldg
20. FILED Jan 18 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1939
22. I HEREBY CERTIFY That I attended deceased from Mo Jan 16 1939 to Jan 17 1939
I last saw her alive on Jan 17 1939. Death is said to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows:
Still Birth -
Date of onset
Other contributory causes of importance:
Due To Breech
Presentation
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) Paul W. Brown, M. D.
(Address) 920 New Jan Ave

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.