

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.

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

1919  
Do not use this space.

REC'D FEB 27 1939

1. PLACE OF DEATH

(a) County Carter Registration District No. 173  
(b) Township Carter Primary Registration District No. 5-205  
(c) City Van Buren (d) Street No. \_\_\_\_\_  
(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.

Registered No. \_\_\_\_\_

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) stillbirth  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF stillbirth  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-8-1938  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren, Mo

13. NAME Richard C. Askey  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo

15. MAIDEN NAME Rose Marie  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eastwood, Mo

17. INFORMANT (ADDRESS) Richard C. Askey  
Van Buren, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Van Buren Cem DATE 12-9-1938

19. FUNERAL DIRECTOR (ADDRESS) Isaac Busby

20. FILED 12-9-1938 M. H. Burton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1938

22. I HEREBY CERTIFY That I attended deceased from 12-8-1938 to 12-8-1938

I last saw him stillbirth Death is said to have occurred on the date stated above, at 9:40 PM m.  
The principal cause of death and related causes of importance were as follows:

Suffocation Date of onset 12-2-38

Other contributory causes of importance: uterine inertia prolonged

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis clinical 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 Uterine Inertia M. D.  
(Signed) U. H. Burton  
1938 (Address) Van Buren, Mo

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**