

DEC'D FEB 16 1939

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

2415  
Do not use this space.

## 1. PLACE OF DEATH

- (a) County Harrison Registration District No. 336  
(b) Township \_\_\_\_\_ Primary Registration District No. 4179  
(c) City Cainsville Mo. (d) Street No. \_\_\_\_\_ 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 80 yrs. 6 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

- (a) Residence, No. 300 ELIZA Ann Booth St.   
Cainsville Missouri (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Booth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-20-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 6 23

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

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) 1-5-1939 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Missouri

13. NAME John Wishow

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

15. MAIDEN NAME Rachel Hawkins

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

17. INFORMANT (ADDRESS) Mrs Chas Still  
Cainsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview cemetery DATE 1-16 '39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. Evan Johnson  
Stonbury Mo.

20. FILED 1-16 1939 W. E. Odum  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 5 1939, to Jan 15 1939  
I last saw her alive on Jan 13 1939. Death is said to have occurred on the date stated above, at 7:40 P. M.  
The principal cause of death and related causes of importance were as follows:

I had Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) D. S. Duff M. D.

304 (Address) Cainsville Mo

**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,

*J. Evan Johnson*

or by

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

Signed *J. Evan Johnson*

Licensed Embalmer No. *3492*

P. O. Address *Starkley, N.C.*

**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.**