

DEC 0 FEB 23 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2439

Do not use this space.

1. PLACE OF DEATH

(a) County Henry
 (b) Township Clinton
 (c) City Clinton

Registration District No. 347Primary Registration District No. 3018

Registered No.

(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Clinton Mo (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) None

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 - 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. None
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo13. NAME Ora Owens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Mo15. MAIDEN NAME Lavery Sanders16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton city Mo17. INFORMANT (ADDRESS) Ora Owens, Appleton city Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton city DATE 1-22-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Edith Wilkerson, Clinton Mo20. FILED 1-25-39 Dr. J. B. Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-193922. I HEREBY CERTIFY, That I attended deceased from 1-21-39 to 1-21-39I last saw h. steele on 1-21-39 Death is saidto have occurred on the date stated above, at 12:00 PM

The principal cause of death and related causes of importance were as follows:

Date of onset

Death in uterus
cause not known
Birth at seventh month
of gestation. Baby known
Other contributory causes of importance:
to have been dead for
4 weeks before delivery

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) W. P. Reed M. D.(Address) Clinton, Mo

RECEIVED
District Health Officer No. 7
District File Number 7-39-2
Date Filed 2-7-39

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 Fred Willkerson
Licensed Embalmer No. 2478
P. O. Address Clinton, 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.