

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

2945
Do not use this space.

DEAD FEB 24 1939

1. PLACE OF DEATH
 (a) County Linn Registration District No. 497
 (b) Township North Salem Primary Registration District No. 5672
 (c) City _____ (d) Street No. _____ Registered No. 2
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 3A Infant of Orville and Florence Matt
 (a) Residence, No. 7 mi west of New Boston (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 3.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0
 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 _____
 12. BIRTHPLACE (CITY OR TOWN) New New Boston (STATE OR COUNTRY) Missouri
 13. NAME Orville Matt
 14. BIRTHPLACE (CITY OR TOWN) North Salem (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Florence Cassity
 16. BIRTHPLACE (CITY OR TOWN) Ethel (STATE OR COUNTRY) MO.
 17. INFORMANT Orville Matt (ADDRESS) New Boston, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Horne Cemetery DATE Jan 18 39
 19. FUNERAL DIRECTOR (NAME) Russ's Funeral Home (ADDRESS) Brookfield Mo.
 20. FILED Jan. 31 39 Mrs. Lila Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 1939
 22. I HEREBY CERTIFY that I attended deceased from Jan 16 1939 to Jan 16 1939
 I last saw him alive on Jan 16 1939 at 11:30 p.m. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Stillborn infant
 Other contributory causes of importance: Remained dependent placenta
 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? No
 If so, specify _____ (Signed) L. Williams, M. D.
 (Address) Brookfield Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-106

Date Filed FEB 7 1939

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.