

RECEIVED FEB 4 1939

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

3082  
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 556  
 (b) Township Morgan Primary Registration District No. 4328 Registered No. 3  
 (c) City Princeton (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. \_\_\_\_\_ St.  (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Male Moore  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1855  
 7. AGE YEARS 83 MONTHS 6 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. merchant  
 9. Industry or business in which work was done, as saw mill, bank, etc. retired  
 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) Mo.

FATHER 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Elizabeth Ross  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (NAME) Mrs. Mable Moore  
 (ADDRESS) Princeton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton DATE Jan 6 1939

19. FUNERAL DIRECTOR (NAME) Paul Mass  
 (ADDRESS) Princeton Mo.

20. FILED 1/5 19 39 J.M. Perry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 19 39  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to Jan 4, 1939  
 I last saw h. in Jan 4 1939 alive on \_\_\_\_\_ Death is said to have occurred on the date stated above, at 1230 P.m.  
 The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia Date of onset 12/30-38  
following cerebral hemorrhage  
two years standing  
apoplexy 1/1-38  
 Other contributory causes of importance: chronic nephritis 1/15-37

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) Byron J. Artel D.O.  
 (Address) Princeton, Mo.

Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

**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, Neil

Mass, or by \_\_\_\_\_

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

Signed Neil Mass

Licensed Embalmer No. 2634

P. O. Address Princeton Ms.

**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.**