

65 FEB 9 1939

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

3085  
Do not use this space.

1. PLACE OF DEATH

(a) County Merion Registration District No. 506  
 (b) Township Rainbow Primary Registration District No. 4379  
 (c) City Rainbow (d) Street No. \_\_\_\_\_ St.  
 (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 Dr. Effie Laura

(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 Female  
 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 Stephen Laws  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16, 1872  
 7. AGE YEARS 66 MONTHS 4 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merion Co Mo

FATHER 13. NAME Joe Mc Clouse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merion Co Mo

MOTHER 15. MAIDEN NAME Jennie Harts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merion Co Mo

17. INFORMANT (ADDRESS) Mr. Stephen Laws  
Rainbow Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Everett Cem DATE Jan 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Neal V. Mass  
Princeton Mo

20. FILED 1/16 19 39 J. M. Remy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1939

22. I HEREBY CERTIFY that I attended deceased from Jan 2, 1935 to Jan 15, 1939  
 I last saw her alive on Jan 15, 1939 Death is said to have occurred on the date stated above, at 8 P. m.  
 The principal cause of death and related causes of importance were as follows:

Brain Carcinoma of  
Prostate & axilla - 1-35  
Carcinoma originated in  
Right Breast - 1935

Other contributory causes of importance:  
Metastases into both lungs  
and axilla 1937

Name of operation Removal of Prostate Date of 1936  
 What test confirmed diagnosis? Col. Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? L Date of injury L, 19\_\_\_\_  
 Where did injury occur? L (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L  
 Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) J. M. Remy, M. D.  
Princeton 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, Nael  
Mass, or by \_\_\_\_\_

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

Signed Nael Mass

Licensed Embalmer No. 2634

P. O. Address Princeton 7

**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.**