

FEB 25 1939

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

3189  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Morgan Registration District No. 397  
 (b) Township Barnett Primary Registration District No. 3799A Registered No. ....  
 (c) City ..... (d) Street No. #2 Rural Route ..... 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 0 yrs. 0 mos. 0 ds. (f) How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME No name. Infant of Raymond Maher  
 (a) Residence, No. Born at #2, Rural Route 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18, 39

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, or hrs. min.  
0 0 0 0 0 0

OCCUPATION  
 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) #2 Rural Route Barnett, Missouri

FATHER  
 13. NAME Raymond Maher  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willis Kansas

MOTHER  
 15. MAIDEN NAME Virginia Runyan  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnett Missouri

17. INFORMANT (ADDRESS) Parents Barnett, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Suspended by 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. E. Cullum

20. FILED 2/10 1939 W. E. Cullum Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1939 to January 18, 1939  
 I last saw h. er dead January 18, 1939 Death is said to have occurred on the date stated above, at 5:45 p. M.  
 The principal cause of death and related causes of importance were as follows:  
Miscarriage

Other contributory causes of importance:  
 \_\_\_\_\_

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) E. O. Shelton, M. D.  
527 (Address) Six South Maple, Eldon, Mo.

RECEIVED  
District Health Officer No. 7  
District File Number 7-29-3  
Date Filed 2-13-30

**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 with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.