

DEC'D FEB 25 1939

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

3285

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 611
(b) Township Seneca Primary Registration District No. 4365 Registered No. _____
(c) City Seneca (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 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) 1-29-1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 10 27
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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Seneca
(STATE OR COUNTRY) Missouri

13. NAME Jessie Durham
14. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY) _____

15. MAIDEN NAME Louisa Bozarth
16. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY) _____

17. INFORMANT Grant Durham
(ADDRESS) Seneca Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirk Cemetery DATE 12-28 1938

19. FUNERAL DIRECTOR J. W. Buzzard
(ADDRESS) Seneca Mo.

20. FILED Jan. 10 1939 Merle Sparlin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1938 to Dec 26 1938
I last saw her alive on Dec-25 1938 Death is said to have occurred on the date stated above, at 11:30 AM.

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

Flu Date of onset _____

Other contributory causes of importance: _____

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) J. B. Quenler, M. D.

(Address) Seneca Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-267

Date Filed FEB 15 1939

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Not Embalmed.
..... L. E.
No..... or by..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)