

DECD FEB 23 1939

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

3354

Do not use this space.

1. PLACE OF DEATH

(a) County Ozark Registration District No. 647
 (b) Township Bayan Primary Registration District No. 5857
 (c) City _____ (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. ☐ (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
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF H. M. Kersley
 7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4, 1865
 7. AGE YEARS 73 MONTHS 4 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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 _____
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) Ill.

13. NAME Neut. Kersley

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) Ill.

17. INFORMANT Chester Kersley (ADDRESS) _____

18. BURIAL, CREMATION OR REMOVAL PLACE Elijah DATE 1-8

19. FUNERAL DIRECTOR (NAME) none (ADDRESS) _____

20. FILED 2-1 1939 C. A. Beach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 25 1938 to Jan 2 1939

I last saw her alive on Jan 2 1939 Death is said

to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:

Double Bronchial pneumonia

Date of onset

Dec 25
1938

Other contributory causes of importance Bronchial Asthma 10 yrs ago

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) C. A. Beach M. D.

(Address) Elijah, Mo

RECEIVED

District Health Officer No. 6,

District File Number

6-39-432

Date Filed

FEB 17 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.