

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DR. J. M. K...  
3398  
Do not use this space.

REC'D FEB 9 1939

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

1. PLACE OF DEATH  
 (a) County Perry Registration District No. 657  
 (b) Township Little Prairie Primary Registration District No. 5862 Registered No. 7  
 (c) City Courtoisville (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 Lo30 Mary Howard  
 (a) Residence, No. Courtoisville Mo. R#1 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 widowed  
 (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-6-1864

7. AGE YEARS 74 MONTHS 7 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as saw mill, bank, etc. Home  
 10. Date deceased last worked at this occupation (month and year) Jan 1939 11. Total time (years) spent in this occupation life

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Japan  
 13. NAME Jim Starke  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Japan

MOTHER  
 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Dick Constant Courtoisville Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 1-10-39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. S. Smith Courtoisville Mo.  
 20. FILED Jan. 23 1939 Eda Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-1939

2. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Jan 9 1939  
 last saw him alive on Jan 6 1939 Death is said to have occurred on the date stated above, at 10:48 A.M.  
 The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia  
bronchial

Other contributory causes of importance:  
Suppuration

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. M. McKinney, M. D.  
 Address Courtoisville Mo.

RECEIVED

District Health Officer No.

District File Number 39-13

Date Filed 2-7-29

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

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