

REC'D FEB 16 1939

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

**4196**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Yerman 3 Registration District No. 875  
 (b) Township Washington Primary Registration District No. 6162 Registered No. 7  
 (c) City Nevada / (d) Street No. State Hospital #3 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 48 yrs. 5 mos. 29 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Louis William Ethington  
 (a) Residence, No. State Hospital #3 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 Male 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) 1864  
 7. AGE YEARS 74 MONTHS ? DAYS ? If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. IRON MOLDER  
 9. Industry or business in which work was done, as saw mill, bank, etc. Foundry  
 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) ? ?

FATHER 13. NAME Jesse Ethington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Jane Puckett

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

17. INFORMANT (ADDRESS) Records, State Hosp #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cem. DATE Jan 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hay Funeral Service Nevada, Mo.

20. FILED 1/10 1939 Allen V. Hays Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939, to Jan. 7, 1939

I last saw him alive on Jan. 7, 1939. Death is said to have occurred on the date stated above, at 11:10 p.m.

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

Arteriosclerotic Heart Disease Date of onset \_\_\_\_\_  
95%

Other contributory causes of importance: Arteriosclerosis, Generalized

Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? No  
 If so, specify \_\_\_\_\_

(Signed) Russ H. Tolson, M. D.  
725 (Address) State Hosp #3, Nevada

STATE OF NEVADA  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

RECEIVED

District Health Officer No. 7,

District File Number 7-39-24

Date Filed 2-9-39

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 Allen V. Kemp

Licensed Embalmer No. 1968

P.O. Address Nevada, N

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.