

DEC'D FEB 16 1939

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

See also # 12658-

4206
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Washington Primary Registration District No. 6162 Registered No. 24
(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 — yrs. — mos 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. State Hosp #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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Jane Shreve

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 ? ?

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) 5 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriFATHER 13. NAME ?14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EnglandMOTHER 15. MAIDEN NAME ?16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?17. INFORMANT Records, State Hosp #3 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Willow Springs DATE Jan 27, 193919. FUNERAL DIRECTOR (NAME) Jerry L. ... (ADDRESS) ...20. FILED 1-26, 1939 Allen D. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 193922. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939 to Jan 26, 1939I last saw him alive on Jan 26, 1939. Death is said to have occurred on the date stated above, at 4:10 p.m.

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

Date of onset

Chronic myocardial insufficiency

Other contributory causes of importance:

Senile dementia

Name of operation..... Date of.....

What test confirmed diagnosis? autopsy. 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) Reese H. Patten, M. D.773 (Address) State Hosp #3, Nevada

STATEMENT NO. 000001 STATE HEALTH DEPARTMENT
DIVISION OF HEALTH SERVICES
BUREAU OF HEALTH SERVICES

RECEIVED

District Health Officer No. 7

District File Number 7-39-26

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, *Personally*

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Lloyd R. Wm. Smith

Licensed Embalmer No.

3857

P. O. Address

Yonkers, N.Y.

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.