

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

6079
Do not use this space.

1. PLACE OF DEATH

(a) County Ballaway Registration District No. 76
(b) Township Cedar Primary Registration District No. 5704B
(c) City Hartsburg (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.

Registered No. 29

2. PRINT FULL NAME

John F. Northway
(a) Residence, No. Hartsburg Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Rebecca Maddin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5-1861

7. AGE YEARS 77 MONTHS 5 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Ballaway Mo

FATHER 13. NAME Yaino Northway

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

MOTHER 15. MAIDEN NAME Susan Ingell

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

17. INFORMANT (ADDRESS) Mr Iva Hoffman

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant DATE Feb 13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Janner Funeral Home
700 Jefferson St, Jeff City Mo

20. FILED 317 Wm. H. Hemenway Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-27 1939, to 2-11 1939

I last saw him alive on 2-11 1939 Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? Impress Was there an autopsy? no

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. P. Meyer M. D.

(Address) Hartsburg Mo

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,

D. M. Davis

, or by

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

Signed

D. M. Davis

Licensed Embalmer No. *3741*

P. O. Address *Jefferson City, Mo.*

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.