

REC'D MAR 15 1939

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

6384

Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb Registration District No. 262
(b) Township Fair Primary Registration District No. 5364
(c) City Farmington (d) Street No. _____
(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. 101 St. Union (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-10-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co. Mo.

FATHER 13. NAME Carron Bryson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co. Mo.

MOTHER 15. MAIDEN NAME Hazel M. Finch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Carron Bryson
King City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wrensburg DATE 2-11-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. H. Gaggart
King City Mo.

20. FILED Feb 10, 1939 E. M. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-1939

I HEREBY CERTIFY That I attended deceased from February 10, 1939 to February 10, 1939
I last saw him alive on February 10, 1939 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Conceit Defect, fatal foramen
ovale

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Arthur E. Rockwood M.D.
238 (Address) Union Star, Mo.

RECEIVED

District Health Officer No. 312

License No. 39-85

Filed MAR 9 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, _____

R. S. Taggart

, or by _____

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

Signed _____

R. S. Taggart

Licensed Embalmer No. 2563

P. O. Address *King 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.