

REC'D MAR 15 1939

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

6498

Do not use this space.

1. PLACE OF DEATH

(a) County Genery Registration District No. 312
 (b) Township York Primary Registration District No. 5431A Registered No.
 (c) City on Highway (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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. 363 Genedia Edwards St. (If nonresident, give city or town and State)
Stantonry Mo. R.R. (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) Oct 20 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
16 3 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 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) Andrew Co MO13. NAME Charley Edwards14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genery Co MO15. MAIDEN NAME Ethel Glenhom16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO17. INFORMANT (ADDRESS) Charley Edwards
Stantonry MO R.R.18. BURIAL, CREMATION, OR REMOVAL PLACE Stantonry DATE 2/14/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) L. A. Phillips
Stantonry MO20. FILED 2/13 1939 Donald A. Hank Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12-1939

22. I HEREBY CERTIFY, that I attended deceased from Injured body after 19.....
death 19..... Death is said to have occurred on the date stated above, at 1:55 p.m.
 The principal cause of death and related causes of importance were as follows:

Broken cervical vertebrae & spinal cord Date of onset 2/10
Possible internal injuries

Name of operation Date of
Hospital Examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Auto accident Date of injury 2/12/39
 Where did injury occur? 2 mi. East of Stantonry, Mo. on Highway 169
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Forceful car turned over
 Nature of injury on road

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Dr. Jack A. Barnes (Signed)
Spring City, Mo (Address)

RECEIVED

District Health Officer No. 11

District File Number 39-159

Date Filed 11-1-22

1939-2-12
1922-10-20
16-3-22

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,

Lator H. Phillips

or by

Registered Apprentice No., working under my personal supervision.

Signed

Lator H. Phillips

Licensed Embalmer No. 1898

P. O. Address Staten Island

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.