

REC'D MAR 9 1939

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

6689  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Howell Registration District No. 384  
(b) Township West Plains, Mo. Primary Registration District No. 4-2-27  
(c) City West Plains, Mo. (d) Street No. Lydia Ave. Registered No. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME EDDIE MARGER LUTHER

(a) Residence, No. Lydia Ave. West Plains, Mo. 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 Julia Hunter Luther

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1913

7. AGE YEARS 25 MONTHS 2 DAYS 11 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. WPA Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. Road building  
10. Date deceased last worked at this occupation (month and year) Feb. 15, 39 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Nevada, (STATE OR COUNTRY) Missouri.

13. NAME Clifford Luther

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Julia H. Luther (ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL Homehand Cem. PLACE West Plains, Mo. DATE Feb. 17, 1939

19. FUNERAL DIRECTOR (NAME) Hal Thornburgh (ADDRESS) West Plains, Mo.

20. FILED 2-17-1939 Vida W. SIMONS Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1939 to Feb 16, 1939

I last saw h. alive on Feb 16, 1939 Death is said to have occurred on the date stated above, at 8 A.M.  
The principal cause of death and related causes of importance were as follows:

\_\_\_\_\_ Date of onset 2/16/39

Other contributory causes of importance: 94 W

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Cholera 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) [Signature] M. D.

(Address) West Plains, 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, .....

**Hal Thornburgh** .....

, or by .....

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

Signed.....

*Hal Thornburgh*

Licensed Embalmer No. ....

3408

P. O. Address .....

**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.**