

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6797
Do not use this space.

REC'D MAR 9 1939

1. PLACE OF DEATH

(a) County Wasper Registration District No. 407
 (b) Township Carterville Primary Registration District No. 1241
 (c) City Carterville (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. da. (f) How long in U. S., if foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 115 E. Wilson 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1898

7. AGE YEARS 40 MONTHS 5 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Carterville (STATE OR COUNTRY) Missouri

FATHER 13. NAME George W. Warne

14. BIRTHPLACE (CITY OR TOWN) Carterville (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Julia Middleton

16. BIRTHPLACE (CITY OR TOWN) Carterville (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) George Warne
Carterville

18. BURIAL, CREMATION, OR REMOVAL PLACE W. H. City Cem DATE Feb 10 1939

19. FUNERAL DIRECTOR (NAME) W. H. City Cem (ADDRESS) W. H. City

20. FILED Feb 9 1939 J. W. Clark Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1938 to Feb 8 1939

I last saw him alive on Feb 7 1939 Death is said to have occurred on the date stated above, at 7:11 50 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Stomach
Dysphagia

Other contributory causes of importance: 1921

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) [Signature] M. D.
 (Address) W. H. City, Mo.

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.

RECEIVED

District Health Officer No. 6

District File Number 6-39-489

Date Filed MAR 6 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, or by myself
....., Registered Apprentice No.

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3922

P. O. Address Webb 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.