REC'D MAR 17 1939

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

7018
Do not use this space.

1. PLACE OF DEATH

(a) County: Lawrence
(b) Township or City: ~~Aurora~~ Aurora
Registration District No.: 467
Primary Registration District No.: 4280
Registered No.: 14
(d) Street No.: Aurora Hospital 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.

2. PRINT FULL NAME Luther Allen Hembree

(a) Residence, No.: Branson Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marjorie Hembree

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 17-1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38	10	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Construction
9. Industry or business in which work was done, as saw mill, bank, etc.: Carpenter.
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): Stone County Mo. 0

FATHER
13. NAME: Allen Hembree 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stone County Missouri. 0

MOTHER
15. MAIDEN NAME: Lillie Logan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stone County Missouri.

17. INFORMANT: Frank Hembree
(ADDRESS): Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Eye Mo. DATE: Feb. 22, 1939

19. FUNERAL DIRECTOR (NAME): J. F. King
(ADDRESS): Aurora Mo

20. FILED: 3-2, 1939 R. O. Cowan M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1939 to Feb. 20, 1939
I last saw him alive on 2-20, 1939. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Skull Fracture	2/18/39

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury: 2/15, 1939
Where did injury occur? Galena, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On Bridge across James River Highway 13
Manner of injury: Car Crashed
Nature of injury: Head injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed): R. O. Cowan, M. D.
(Address): Aurora Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 6-39-541
Date Filed MAR 9 1939

210 A-
99

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

Signed Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

7018
Do not use this space.

1. PLACE OF DEATH
(a) County Laurence — Registration District No. 467
(b) Township — Primary Registration District No. 4280 — Registered No. 14
(c) City Aurora — (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.

2. PRINT FULL NAME Luther Allen Hembree
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Div

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
38	10	3	

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.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 4-6 1939 R D Cowan, MD
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 20 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Basal Skull Fracture

Date of onset

Other contributory causes of importance:
Collision B Bridge
Which is a fixt object

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) R. D. Cowan, M. D.
(Address) Aurora, Mo.

SUPPLEMENTARY

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 the MODE of every important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

ROWENA MOORE