

RECD MAR 16 1939

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

7207  
Do not use this space.

1. PLACE OF DEATH

(a) County MILLER Registration District No. 561  
(b) Township Franklin Primary Registration District No. 5-75-6 Registered No. 10  
(c) City Edson (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. 255 George Morvin Mc Nown St.  (If nonresident, give city or town and State)  
MILLER County (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 MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 14 - 1874

7. AGE YEARS 69 MONTHS 0 DAYS 29 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Engineer  
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) Mauston, Wisc

FATHER 13. NAME John Henry Mc Nown 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER 15. MAIDEN NAME Cornelia Curtis 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs Mildred Lewis  
St Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mauston, Wisc DATE Feb 13 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Kimmel  
versailles, Mo

20. FILED 2-12-39 Belle Haynes Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1938, to Feb. 12, 1939

I last saw him alive on Feb. 12, 1939. Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis  
Hepatic arteriosclerosis  
Arteriosclerotic heart disease  
Arteriosclerotic kidney disease

Disease	Date of onset
Generalized arteriosclerosis	?
Hepatic arteriosclerosis	?
Arteriosclerotic heart disease	?
Arteriosclerotic kidney disease	?

Other contributory causes of importance: 124 B1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? No  
If so, specify \_\_\_\_\_ (Signed) Therette Petcher \_\_\_\_\_, M. D.  
Clinton Missouri

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.

REC-117  
Miller Count, Health Dep't.  
County File Number 39-27  
Date Filed 3-13-39

**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, .....

*W. F. Kidwell*

....., or by .....

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

Signed..... *W. F. Kidwell*

Licensed Embalmer No. 1596

P. O. Address Usuals, Missou

**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.**