

REC'D MAR 17 1939

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

7295
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 55
(b) Township Anderson Primary Registration District No. 6262 Registered No. 1362
(c) City _____ (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

J. E. Everett
(a) Residence, No. Beach Oak 9mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Miss Everett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2 - 1871</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>11</u>	DAYS <u>21</u>
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. <u>Farming</u>		
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) <u>Ark</u>		
13. NAME <u>J. E. Everett</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>		
15. MAIDEN NAME <u>Ark</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Wife Mrs. Miss Everett</u> (ADDRESS) <u>Beach Oak 9mo. St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stanfield Cemetery Feb. 7 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Lawrence F. French 9mo. Campbell, Mo.</u>		
20. FILED <u>Nov 9, 1939</u> <u>M. V. Mussina</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1939

22. I HEREBY CERTIFY, THAT I attended deceased from Feb 3, 1939, to Feb 5, 1939
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10a., m.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
with facility Cerebral
Date of onset 9/2/31

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J. E. Everett, M. D.
541 (Address) Beach Oak 9mo. St.

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.

STATEMENT TO BE FILED IN THE
OFFICE OF THE STATE BOARD OF HEALTH
REGISTRATION UNIT

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 _____

Licensed Embalmer No. _____

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.

