

REC'D MAR 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH7396
Do not use this space.

1. PLACE OF DEATH

(a) County **Pemiscott**(b) Township **Godair**(c) City **Postville Wardell**(d) Street No. **114**Registration District No. **5869**Primary Registration District No. **5869**Registered No. **4**(e) Length of residence in city or town where death occurred **652** yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Unnamed, last name Prince(a) Residence, No. **Born near Wardell, Mo.**

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **2-16-39**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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)

Near Wardell, MO**Pemiscott**

FATHER

13. NAME **Virgie Leon Prince**

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

Micola, Mo.**Pemiscott**

MOTHER

15. MAIDEN NAME **Gertie Lee Bird**

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

Steele, Mo.**Pemiscott**

17. INFORMANT (ADDRESS)

Virgie Prince

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Postville** DATE **2-16-39**

19. FUNERAL DIRECTOR (ADDRESS)

B. M. Payne Postville, Mo.

20. FILED

19

Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb., 16, 39**22. I HEREBY CERTIFY, That I attended deceased from **Feb., 16, 39 Only** to _____, 19____I last saw h. **Born dead Feb., 16, 39** 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:

Born dead due to cord pressure detachment of placenta prematurely.

Date of onset

Other contributory causes of importance:

None

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)

(Address)

A. A. Reeder
Postville, Mo. M. D.

RECEIVED

District Health Officer No.

District File Number 29-15

Date Filed 3/2/39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7396
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 114
(b) Township Godair Primary Registration District No. 3869 Registered No. 4
(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. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

unnamed, last name Prince
(a) Residence, No. Born near Wardell Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-16-1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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) Near Wardell
(STATE OR COUNTRY) Pemiscot Mo.

FATHER
13. NAME Vergil Leon Prince

14. BIRTHPLACE (CITY OR TOWN) Nicola
(STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Gertie Lee Bird

16. BIRTHPLACE (CITY OR TOWN) Steele
(STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Vergil Prince

18. BURIAL, CREMATION, OR REMOVAL PLACE Cartersville DATE 2-16 1939

19. FUNERAL DIRECTOR (ADDRESS) P. M. Payne
Cartersville Mo

20. FILED 2-22 1939 Mary W. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-16-1939 to 2-16-1939, 1939

I last saw him in death on 2-16, 1939. 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:

Born dead due to cord pressure, detachment of placenta prematurely.
Date of onset

Other contributory causes of importance:
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) A. H. Reeder, M. D.
(Address) Cartersville Mo

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

