

1938 MAR 20 1938

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

7941
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 802
(b) Township Fabius Primary Registration District No. 6046
(c) City _____ (d) Street No. _____ St. _____
(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. _____ 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min. 0 0 0 1 hr.

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) Schuyler Co Mo.

13. NAME Joe Deschliman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co Mo.

15. MAIDEN NAME Wyreema Welch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queen City Mo.

17. INFORMANT (ADDRESS) Joe Deschliman Lancaster Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Darby Cemetery DATE Dec 29 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morchado's Lancaster Mo.

20. FILED mc 7 1939 A. E. Gerwig Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1938 to Dec 28 1938
I last saw him alive on Dec 28 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Atelectasis

Date of onset

Other contributory causes of importance:

Congenital Debility

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? No
If so, specify _____
(Signed) Dr. R. E. Vaughan M. D.
(Address) Lancaster Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-437

Date Filed MAR 9 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

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.