

REC'D MAR 23 1938

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

8028
Do not use this space.

1. PLACE OF DEATH

(a) County Stone 2
(b) Township McKinley 1
(c) City (d) Street No. 844
(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. da.

2. PRINT FULL NAME

(a) Residence, No. 200 May Box St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED Robert Cox
(OR) HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1901
7. AGE YEARS 37 MONTHS 1 DAYS 24
If LESS than 1 day, hrs. or min.

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. House Keeper
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME Ben Dalk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Remond
15. MAIDEN NAME Mary Ambriwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Robert Cox
Saline Route 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Sinking Creek DATE Oct 26 1938

19. FUNERAL DIRECTOR (ADDRESS) T. B. Cheffins
Gark Mo.

20. FILED 1-11 1939 Old Magers
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1938

22. I HEREBY CERTIFY, That I attended deceased from just saw her one time, 19.....
I last saw her in June 1938, 19..... 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:

Carcinoma of uterus
Date of onset 4/3

Other contributory causes of importance:

Name of operation None 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) J. T. Wade, M. D.
(Address) Gark Mo.

WRITE PLAINLY, WITH GRADING INSTRUMENTS IS A PERMANENT RECORD
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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-484

Date Filed MAR 6 1939

STATEMENT BY LICENSED EMBALMER

I, T. B. Chaffin, Licensed Embalmer No. 2192

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed T. B. Chaffin

Licensed Embalmer No. _____

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.)