

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECD MAR 23 1939

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

8156
Do not use this space.

1. PLACE OF DEATH

(a) County Worth Registration District No. 903
(b) Township Smith Primary Registration District No. 4504
(c) City Albendale, Mo. (d) Street No. _____

Registered No. _____

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/7/1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 11 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Seamstress
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) Pike County (STATE OR COUNTRY) Illinois

13. NAME Daniel Cauby

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

15. MAIDEN NAME Martha Jump

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

17. INFORMANT Mrs. Hudson (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson County Iowa DATE 2/25 1939

19. FUNERAL DIRECTOR (NAME) M. B. Hanes (ADDRESS) Grant City, Mo.

20. FILED 2-250 1939 F. M. Hill Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1938 to Feb 27 1939

I last saw him alive on Feb 27 1939 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:
Myocarditis (Chronic)

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: _____, 1939

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 of injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Benjamin Neal M.D.

(Address) Frank City, Mo.

RECEIVED

District Health Officer No. 11,

District File Number 3-9-76

Date Filed MAR 8 1976

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. 3899

P. O. Address Grant City, Va

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.