

REC'D APR 17 1939

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

9591

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township 1 Primary Registration District No. 1007 Registered No. 1197  
(c) City Cassville (d) Street No. 2735 Highland 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

(a) Residence, No. 460 Ella Miller  
2735 Highland 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

2. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Woodson Miller  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 7, 1872  
7. AGE: YEARS 67 MONTHS 1 DAYS 8 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. Unemployed  
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) Arkansas  
13. NAME George H. Hitworth  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas  
15. MAIDEN NAME Frances Ann Payne  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas  
17. INFORMANT (ADDRESS) Leisey Ann Flake  
1412 Garfield Ave.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Cem. DATE 3-19-39  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) West Appleton Jones  
1905 Vine St.  
20. FILED Mar 19 1939 M. M. Crow  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-39  
22. I HEREBY CERTIFY, That I attended deceased from Carson to Carson, 1939  
I last saw Carson alive on 3-15-39, 1939. Death is said to have occurred on the date stated above, at 10 A. m.  
The principal cause of death and related causes of importance were as follows:  
10-20-30 burns of  
Entire body 181  
Date of onset  
Other contributory causes of importance:  
Not a conflagration  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide..... Date of injury 3-15-39  
Where did injury occur? Home (Specify city, town, county, and State)  
Specify whether injury occurred in industry, in home or in public place.  
Manner of injury Burned when clothes  
Nature of injury Caught fire  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) Walter H. Hubler M. D.  
(Address) 300 West N. E. Mo

**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. *2710*

P. O. Address *R. C. Mo.*

**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.**