

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

9930  
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 30

(b) Township 1 Primary Registration District No. 3003 Registered No. 13

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

2. PRINT FULL NAME Benjamin Franklin Underwood

(a) Residence, No. 207 Maple 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

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) Bourbon, Missouri  
(STATE OR COUNTRY)

FATHER

13. NAME Joe B. Underwood,

14. BIRTHPLACE (CITY OR TOWN) Don't Know,  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) Don't Know  
(STATE OR COUNTRY)

17. INFORMANT A. L. Underwood,  
(ADDRESS) 711 E. Lincoln, Blackwell, Okla.

18. BURIAL PLACE I. O. O. F. DATE Mar. 31, 1939

19. FUNERAL DIRECTOR Callaway's,  
(ADDRESS) Monett, Mo.

20. FILED 3-31-1939 W. M. West  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/30 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/22, 1939, to 3/30, 1939.

I last saw him alive on 3/20, 1937. Death is said to have occurred on the date stated above, at 9:00 A. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Spleen  
Myc. Cardiac degeneration

Date of onset  
3/25/39

Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

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) Frank Ken, M. D.

(Address) Monett, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS 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.

50M-7-26-37 1 X12004

RECEIVED

District Health Officer No. 6,  
District File Number 6-39-770  
Date Filed APR 10 1939

STATEMENT BY LICENSED EMBALMER

I, J. D. Buchanan, Licensed Embalmer No. 3179  
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 J. D. Buchanan  
Licensed Embalmer No. 3179

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.)