

6550 APR 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10258
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 97
 (b) Township Ridder Primary Registration District No. 4039 Registered No. 2
 (c) City Ridder (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

(a) Residence, No. 463 James Millard 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Callie Millard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27 - 1870

7. AGE YEARS 69 MONTHS 2 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 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) Jan. 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

13. NAME Charles Millard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

15. MAIDEN NAME Jessie Hannah Grant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Callie Millard

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridder Mo. Nov. 2, 1938

19. FUNERAL DIRECTOR (ADDRESS) H. F. Cowles

20. FILED Mar. 31, 1939 H. F. Cowles Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1939, to March 30, 1939

I last saw him alive on March 30, 1939. Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary embolism
Chronic Endocarditis
Chronic Rheumatoid Arthritis
 Date of onset 3/30/39

Other contributory causes of importance: Katharum

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) C. P. Bloom, M.D.

(Address) Ridder, Mo.

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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.

0510

RECEIVED

District Health Officer No. 111

District File Number

39-354

Date Filed

APR 12 1939

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STATEMENT BY LICENSED EMBALMER

I, H. F. Powell, Licensed Embalmer No. 1804

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

L. E.

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

working under my personal supervision.

Signed H. F. Powell

Licensed Embalmer No. 1804

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.)