

REC'D APR 13 1939

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

11104  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 402  
(b) Township W-B-Bar Primary Registration District No. 536713 Registered No. \_\_\_\_\_  
(c) City Oak Grove (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 260 WADE Mc QUERRY St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 5 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
9. Industry or business in which work was done, as saw mill, bank, etc. Merchant  
10. Date deceased last worked at this occupation (month and year) 3-26-1939 11. Total time (years) spent in this occupation 5 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

13. NAME Joseph McQuerry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Mary Stanton

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

17. INFORMANT (ADDRESS) Sora McQuerry  
Oak Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove, Mo. DATE 3/29-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bowles  
Oak Grove, Mo.

20. FILED Apr. 1st 1939 Irma A. H. Manser  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28th 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1939, to Mar. 27, 1939  
I last saw him alive on Mar. 27, 1939. Death is said to have occurred on the date stated above, at 1:00 A.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (Pulaskie area)  
arteriosclerosis  
Date of onset 3/26/39  
Other contributory causes of importance: 1929

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) [Signature], M. D.  
(Address) Oak Grove, Mo.

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.

**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, .....

*Z. Webb* ....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....  
*Z. Webb*

Licensed Embalmer No. *2352*

P. O. Address. *Oak Grove 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.**