

REC'D APR 10 1939

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

11182

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 412
 (b) Township Wing Primary Registration District No. 4244 Registered No.
 (c) City Nesh City (d) Street No. St.
 (e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John J. Mc Kay 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 Samina Mc Kay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1855

7. AGE YEARS 83 MONTHS 9 DAYS 13 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown / Indiana

13. NAME Robert Mc

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

15. MAIDEN NAME "

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

17. INFORMANT (NAME) John J. Mc Kay
 (ADDRESS) Nesh City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wing Cem DATE Mar. 29, 1939

19. FUNERAL DIRECTOR (NAME) Kneel Mortuary
 (ADDRESS) Garbage

20. FILED 3/28 1939 Charles E. Seife Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 1934 to Mar 27, 1939
 I last saw him alive on Mar 27, 1934 Death is said to have occurred on the date stated above, at 6:40 m.

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

Respiratory failure
due to hypertensive inefficiency

Date of onset

Other contributory causes of importance:

Arteriosclerosis

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

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) W. D. Rogers, M. D.

(Address) Nesh City, 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
REGISTERED APPRENTICE NO. _____
WORKING UNDER MY PERSONAL SUPERVISION

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 *J. W. K. Miller*

Licensed Embalmer No. *814*

P.O. Address *Carthage 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.