

REC'D APR 7 1938

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

11437
Do not use this space.

1. PLACE OF DEATH LINN 2
(a) County CLAY 1 Registration District No. 499
(b) Township CLAY Primary Registration District No. 5664
(c) City _____ (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 HATTIE MUST
(a) Residence, No. EVERSONVILLE 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 27 1865

7. AGE YEARS 73 MONTHS 3 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEKEEPER
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) FARMINGTON IOWA

FATHER 13. NAME HENDERSON MUST

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

MOTHER 15. MAIDEN NAME POLLY A. QUARK

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

17. INFORMANT (ADDRESS) Hattie Must
1 - Wheeling Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE PARSON CREEK DATE Mar 23 1938

19. FUNERAL DIRECTOR (ADDRESS) SMILEY FUNERAL HOME
WHEELING MO

20. FILED 3/12 - 1938 Geo. C. Clowson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 19 38

22. I HEREBY CERTIFY, That I attended deceased from November 30, 19 38, to March 11, 19 39

I last saw h. or alive on March 1, 19 39 Death is said to have occurred on the date stated above, at 9 a. m.

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

Cerebral embolism Date of onset Mar 10 39

Other contributory causes of importance: Senility
Arteriosclerosis

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) J. J. [Signature] M. D.
(Address) [Address]

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Frank L. Smiley, Licensed Embalmer No. 470

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, Frank L. Smiley

Licensed Embalmer No. 470

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.)