REC'D APR 13 1939

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

12150
Do not use this space.

1. PLACE OF DEATH
(a) County St Francois 2 Registration District No. 33
(b) Township Randolph 1 Primary Registration District No. 6024B Registered No. 6
(c) City Frankclay (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 240 Stillborn Lashley
(a) Residence, No. ..... 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 Male
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) March 8 1938
7. AGE 0 YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, ... hrs. or 0 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankclay Mo 0

FATHER
13. NAME Ernest Lashley 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fronton Mo 0

MOTHER
15. MAIDEN NAME Lottie Prichard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leadwood Mo

17. INFORMANT (ADDRESS) Ernest Lashley Frankclay Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Unknown DATE Mch 9 1939

19. FUNERAL DIRECTOR (ADDRESS) none

20. FILED 4-10 1939 W. E. Aubuchon Ex. B.K. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1939, to March 8, 1939
I last saw him ~~alive~~ on ....., 19..... Death is said to have occurred on the date stated above, at 8 00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillbirth	
Cause not known	
6 wks gestation	

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) John W Hunt M. D.
701 (Address) Leadwood Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)