

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

12572
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 852
(b) Township Jackson Primary Registration District No. 6124
(c) City _____ (d) Street No. _____
(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. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Levi C. James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18, 1854

7. AGE YEARS 84 MONTHS 2 DAYS 24 IF LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. on farm
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Gibson County
(STATE OR COUNTRY) Indiana

FATHER 13. NAME Joel Bass

14. BIRTHPLACE (CITY OR TOWN) Gibson Co.
(STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Sarah Hanks

16. BIRTHPLACE (CITY OR TOWN) Gibson Co.
(STATE OR COUNTRY) Indiana

17. INFORMANT Ethel Streeter
(ADDRESS) Pollock, Mo

18. BURIAL, CREMATION, OR REMOVAL Plain View Cem DATE Mar 4 39

19. FUNERAL DIRECTOR C. A. Scherer
(ADDRESS) Union, Mo

20. FILED Apr 10 19 39 Cleo Hagan
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1939 to Mar. 2, 1939

I last saw him alive on Feb. 26, 1939 Death is said to have occurred on the date stated above, at 12:45 a.m.

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

Chronic nephritis
to injury to life by falling
Chromatid Arthritis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys + chem 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 Feb 2, 1939

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Falling

Nature of injury Smelling of Gas

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. C. Roberts M. D.

(Address) Pollock, Mo

9261 12 100

RECEIVED

Florida Health Officer No. 10

File Number 10-39-753

Date Filed APR 13 1939

STATEMENT BY LICENSED EMBALMER

I Frank D. Schoene

Licensed Embalmer No. 2016

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

Frank D. Schoene

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Frank D. Schoene

Licensed Embalmer No. 2016

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.)