

REC'D APR 18 1939

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

12655
Do not use this space.

1. PLACE OF DEATH
 (a) County Wagoner 3 Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162 Registered No. 83
 (c) City Nesawa or (d) Street No. St. Hosp. #3 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 2 yrs. 9 mos. 17 da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Julia Rose
 (a) Residence, No. Stranby Mrs 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>88</u>	<u>0</u>	<u>4</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Tennessee

FATHER
 13. NAME Jeremiah Bell 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) On 9

MOTHER
 15. MAIDEN NAME Dicy Gill 9
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O.K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to March 19, 1939
 I last saw h. ec. alive on March 19, 1939. Death is said to have occurred on the date stated above, at 12:58 p.m.
 The principal cause of death and related causes of importance were as follows:
Chr. myocarditis
Generalized arteriosclerosis

Other contributory causes of importance: 93C
Senility

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) Dr. J. C. Cramer, M. D.
 (Address) 795 Stranby Mrs, Nesawa, Mo.

17. INFORMANT (ADDRESS) Wagoner Records

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Stranby Mrs DATE March 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peoples Funeral Home
Stranby Mrs

20. FILED March, 1939 Allen V. Hays
 Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-642

Date Filed 4-17-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.