

REC'D MAY 1 0 1939

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

13867
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 3
 (b) Township Law 1
 (c) City Jessaw City (d) Street No. 4500 Haewack Blvd St. Registered No. 1621
 (e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 4418 Main 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lulu B. Wilber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15, 1872</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>10</u>
	DAYS <u>0</u>	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Wt. Watchman</u>	11. Total time (years) spent in this occupation <u>18</u>
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ILLINOIS</u>		
FATHER	13. NAME <u>unk. Wilber</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ILLINOIS</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (NAME) (ADDRESS) <u>Mrs. Lulu B. Wilber</u> <u>4418 Main</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FOREST HILL</u> DATE <u>April 17</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>M. Deukomeis Sons</u> <u>Brushcreek & Papeo</u>		
20. FILED <u>Apr 17, 1939</u> <u>M. M. Grover</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1939, to 1939, 19.....
 I last saw him, alive on April 15, 1939, 19..... Death is said to have occurred on the date stated above, at 6:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary sclerosis
Chronic coronary atherosclerosis
Chronic myocardial infarction
Other contributory causes of importance:
2. Aneurysmal dilatation of a
acute pulmonary edema
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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? Jessaw City
 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) Dr. M. Deukomeis, M. D.
 (Address) Jessaw City, W. Va.

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..... *Nell Carr*

Licensed Embalmer No. *3976*

P. O. Address *1401 Bruns here*

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.