

REC'D MAY 10 1939

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

13976

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 399
(b) Township Jawa Primary Registration District No. 1002 Registered No. 1730
(c) City Jackson City 1 (d) Street No. 217 65 St Terrace 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 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3714 Olive 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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. H. Boab

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1861

7. AGE YEARS 78 MONTHS 2 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millikenburg
Peoria13. NAME Wm. Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mrs. R. H. Jewley
217 65 St Terrace18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 26 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) D. H. Dubcomin
Bush Creek + Paseo20. FILED Apr 25, 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 193922. I HEREBY CERTIFY, That I attended deceased from April 24, 1939, to April 25, 1939I last saw her alive on April 24, 1939 at 8:45 a.m. Death is said to have occurred on the date stated above, at 8 a.m.

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

Phalocystitis
Cholelithiasis
C. Stone in common duct 10da
126

Other contributory causes of importance:

Arteriosclerosis
Coronary disease 44da

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?.....

If so, specify

(Signed) Robert Davis, M. D.(Address) 820 prof Bldg

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

C. Hervey Guisenberry

Licensed Embalmer No.

4070

P. O. Address

Kansas City, Mo.

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.