

REC'D MAY 10 1939

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

14142

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 29
 (b) Township Cassville Primary Registration District No. 4021 Registered No. 13
 (c) City Cassville (d) Street No. 656 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Cassville, Barry County, Mo. 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Walter Warner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3, 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 | 1 | 15
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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
90
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kyles Co. Tennessee
 13. NAME James Cook
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee
 15. MAIDEN NAME Elizabeth Portree
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kyles Co. Tennessee
 17. INFORMANT (ADDRESS) Nancy Clayton Cassville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 4/22/39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Koon Funeral Home Cassville, Mo.
 20. FILED 4-24 1939 Seow Neuman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar 1939, to April 18, 1939.
 I last saw her alive on April 18, 1939. Death is said to have occurred on the date stated above, at 9:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Pericarditis Chronic
 Date of onset
90
 Other contributory causes of importance:
Chronic bronchitis
 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 Bernth. Salver, M. D.
 (Signed) Cassville, Mo.
30 (Address)

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

August J. Miller

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

August J. Miller

Licensed Embalmer No.

3794

P. O. Address

Cassville, Me.

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.