

REC'D MAY 16 1939

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

14148  
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 34  
 (b) Township Epeter Primary Registration District No. 6239 Registered No. 9  
 (c) City \_\_\_\_\_ (d) Street No. Route 1, Cassville, Mo. St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Barry County, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2, 1911

7. AGE YEARS 27 MONTHS 5 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) Epeter Township  
(STATE OR COUNTRY) Barry County, Missouri

FATHER 13. NAME Dan May  
14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Laura Robison  
16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Tennessee

17. INFORMANT Komer May  
(ADDRESS) Epeter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE 4/27/39

19. FUNERAL DIRECTOR (NAME) Koon Funeral Home  
(ADDRESS) Cassville, Mo.

20. FILED April 27, 1939 Mrs. H. P. Searey  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1939

22. I HEREBY CERTIFY That I attended deceased from April 25, 1939, to April 25, 1939  
 I last saw him alive on April 25, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Tuberculosis - Lungs  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 22

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 Yes  
 (Signed) John H. Salzer, M. D.  
 (Address) Cassville, Mo.

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. 6,

District File Number

6-5-39-968

Date Filed

MAY 8 1939

**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.**