

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

14499
Do not use this space.

REC'D MAY 18 1939

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135
 (b) Township Carrollton Primary Registration District No. 3010 Registered No. 56
 (c) City Carrollton (d) Street No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Infant, Sanders 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Still-born

OCCUPATION 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. _____
 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) Carrollton Mo

FATHER 13. NAME Louis Sanders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo

MOTHER 15. MAIDEN NAME Aleta Newson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo

17. INFORMANT (ADDRESS) Louis Sanders Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hope DATE Apr 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Shandley Campbell Carrollton Mo

20. FILED 4-19 1939 Yuth Haskins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19 1939

22. I HEREBY CERTIFY, That I attended deceased from April 18 1939 to April 19 1939.
 I last saw _____ alive on Still-born 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Still born
Probably from lifting

Other contributory causes of importance: None

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? No
 If so, specify _____
 (Signed) J. Hamilton Stutz, M. D.
 (Address) Carrollton, Mo

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.

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RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5/3/39

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.