

REC'D MAY 16 1939

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

15072  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 398  
(b) Township Independence 1 Primary Registration District No. 3019  
(c) City Independence (d) Street No. 1120 No. Roland Registered No. 137  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 1120 N. Roland 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 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) 4-20-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.  
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. work  
9. Industry or business in which work was done, as saw mill, bank, etc. work  
10. Date deceased last worked at this occupation (month and year) work 11. Total time (years) spent in this occupation work

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.13. NAME Everett Reed14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nightport Mo.15. MAIDEN NAME Marie Legg16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rollas Betts Mo.17. INFORMANT (ADDRESS) Everett Reed Independence18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE April 21, 193919. FUNERAL DIRECTOR (ADDRESS) George C. Carson Independence, Mo.20. FILED 4-24-39 F. L. Cook Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 20, 193922. I HEREBY CERTIFY, That I attended deceased from April 20, 1939, to April 20, 1939, 1939.I last saw him live on April 20, 1939, 1939. Death is said to have occurred on the date stated above, at 12:30 AM.

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

Premature still birth  
cord around baby  
neck had bended  
for some time

Other contributory causes of importance:

Name of operation none Date of April 20, 1939What test confirmed diagnosis? inspection Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide no Date of injury no, 1939Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) F. L. Cook, M. D.360 (Address) Independence

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**