

1939 MAY 1 0 1939

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

15079
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. R 18398
 (b) Township Blue Primary Registration District No. 5554 Registered No. 136
 (c) City Independence (d) Street No. Shiner Rd. & Willow 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. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 260 Lawrence C Reason St.
1407 Willow (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 Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1897
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 1 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as saw mill, bank, etc. Wm. Zoller Co.
 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) Mount Sterling Kentucky
 FATHER 13. NAME James Reason
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mount Sterling Kentucky
 MOTHER 15. MAIDEN NAME May Bailey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT (ADDRESS) Mrs. May Bailey Independence, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE Apr. 20 1939
 19. FUNERAL DIRECTOR (ADDRESS) George C. Carter Independence, Mo.
 20. FILED 4-22-39 F. L. Cook 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 10:30 to 11:00, 19...
 I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at 10:30 m.
 The principal cause of death and related causes of importance were as follows:
The Adhemer Pusca
Edna Dean
 Other contributory causes of importance:
 Name of operation none Date of...
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
 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) Thomas G. Taylor M. D.
 3160 (Address) 3160

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... I. 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.)