

REC'D MAY 11 1939

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

15082

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 3
(b) Township Blue
(c) City Sugar Creek 1
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 398
Primary Registration District No. 554 Registered No. 141
(d) Street No. 10800 Felton St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 324 Mary Angeline English 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Unknown South Carolina13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mrs. A. P. Bellion18. BURIAL, CREMATION, OR REMOVAL Funerary Home, Sugar Creek, Mo., Apr 26, 193919. FUNERAL DIRECTOR (ADDRESS) George C. Carson20. FILED 4-25-39 F. R. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 193922. I HEREBY CERTIFY, That I attended deceased from 4/20, 1939, to 4/23, 1939I last saw him alive on 4/23, 1939. Death is said to have occurred on the date stated above, at 5:20 A.M.

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

Cerebral Thrombosis
Chr. Hypertension
" Myocarditis

Date of onset

Other contributory causes of importance: 1/21
hemiplegia

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? no

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) William, M. D.(Address) 10307 Independence Ave360 REMO

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.)