

REC'D MAY 18 1939

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

15177
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Primary Registration District No. 2002 Registered No.
(c) City Jasper (d) Street No. Insectbldg - on way to Dr's office
(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. 252 3 miles S. Newnewey 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 ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1939

7. AGE YEARS 0 MONTHS 3 DAYS 24 If LESS than 1 day, hrs. or min.

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) Jasper, Mo.

13. NAME Ed Dequigen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper, Mo.

15. MAIDEN NAME Elsie M. Mabe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carl, Mo.

17. INFORMANT (ADDRESS) G. F. Dequigen, Insectbldg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Insectbldg DATE 4-27-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hurlburt, Mo.

20. FILED 4-25-39 Ed J. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4.24.39

22. I HEREBY CERTIFY, That I attended deceased from 19.....

I last saw him on after death 39 . Death is said to have occurred on the date stated above, at 9:10 pm . The principal cause of death and related causes of importance were as follows:

Cause unknown, Probable natural causes, probable Croup

Other contributory causes of importance: 10

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..... (Signed) Frank Armstrong Acting Coroner

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

District

Date Filed

6-5-39-1099
MAY 15 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.