

1939 MAY 22 1939

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

15284

Do not use this space.

1. PLACE OF DEATH

(a) County LACLEDE Registration District No. 449
 (b) Township..... Primary Registration District No. 2267 Registered No.....
 (c) City LEBANON (d) Street No. 3rd & HARRISON 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. 250 JASPER ARAN 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) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 22-1907
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 1 20

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

12. BIRTHPLACE (CITY OR TOWN) LUCAS CO
 (STATE OR COUNTRY) IOWA

FATHER 13. NAME BROOKS ARAN

14. BIRTHPLACE (CITY OR TOWN) IND.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME ELIZA MAYERS

16. BIRTHPLACE (CITY OR TOWN) IOWA
 (STATE OR COUNTRY)

17. INFORMANT CHESTER ARAN
 (ADDRESS) LEBANON Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE LEBANON Mo DATE APR 16 1939

19. FUNERAL DIRECTOR (NAME) PALMER'S
 (ADDRESS) LEBANON Mo

20. FILED 4/18 39 J. A. McCouch
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 14 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1939 to 3-14, 1939.
 I last saw him alive on 3-14, 1939. Death is said to have occurred on the date stated above, at 4:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease
Acute Endocarditis.
 Date of onset 1939
 Other contributory causes of importance:
congenital deformed
maxillary protrusion,
malocclusion

Name of operation None Date of.....
 What test confirmed diagnosis?..... 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? no
 If so, specify.....
 (Signed) Paul G. Jenkins, M. D.
 (Address) Lebanon, Mo

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 Health Officer No. 7,
District File Number 7-39-818
Date Filed 5-12-39

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 RA Palmer
Licensed Embalmer No. 1161
P. O. Address LEBANON Mo.

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.