

REC'D MAY 22 1939

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

15323  
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470  
 (b) Township So. Vernon Primary Registration District No. 4283  
 (c) City St. Vernon (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 91

2. PRINT FULL NAME

(a) Residence, No. 531 Miss. Andrew Sneed St.   
St. Vernon, Mo. (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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 1 8

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) Lawrence, Mo.

FATHER 13. NAME Oliver Flowers

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

MOTHER 15. MAIDEN NAME Rebecca Oliver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington, Ark.

17. INFORMANT (NAME) Mrs. Pearl Ballard  
 (ADDRESS) Coffeyville, Kan.

18. BURIAL, CREMATION, OR REMOVAL St. Vernon, Mo. DATE April 14, 1939

19. FUNERAL DIRECTOR (NAME) Geo. B. Orr  
 (ADDRESS) St. Vernon, Mo.

20. FILED 4-10 1939 P. A. Halmer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1938 to April 10, 1939  
 I last saw her alive on April 10, 1939 Death is said to have occurred on the date stated above, at 11 m.  
 The principal cause of death and related causes of importance were as follows:

Pericarditis about 11-10-38 Date of onset  
121

Other contributory causes of importance:  
Chronic Nephritis unknown

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 \_\_\_\_\_  
 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) P. A. Halmer, M. D.  
 (Address) St. Vernon, 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. 6,

District File Number 6-5-39-985

Date Filed MAY 9 1939

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**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.**