

1939 MAY 22

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

15640
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
 (b) Township Boonville Primary Registration District No. 4363 Registered No. 42
 (c) City Neosho (d) Street No. Reynolds Hospital 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

515 Ida Francis Unsworth
 (a) Residence, No. _____ 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unmarried
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 4 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 26 1939 to April 1 1939
 I last saw her alive on April 1 1939 Death is said to have occurred on the date stated above, at 6:00 m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas Date of onset _____
 Other contributory causes of importance: Serum

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 FATHER 13. NAME Henry C. Budge
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 MOTHER 15. MAIDEN NAME Mary J. Unsworth
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) J. W. Budge, Island City Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wanda Cem. DATE 4-2 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wheaton, Mo
 20. FILED 4-3 1939 Unal A. Sakimif Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? W 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) C. E. Munn, M. D.
 (Address) Neosho 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.

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.