

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.

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

15718
 Do not use this space.

REC'D MAY 18 1939

1. PLACE OF DEATH

(a) County Peru Registration District No. 65-3

(b) Township Peru Primary Registration District No. 5871

(c) City _____ (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S. if a foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Infant of Mr & Mrs Barney & Elizabeth

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/13/39

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

OCCUPATION

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) Marion Mo (STATE OR COUNTRY)

FATHER

13. NAME Barney J. Johnson

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

MOTHER

15. MAIDEN NAME Delora Walker

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

17. INFORMANT (ADDRESS) Barney J. Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Culp Cemetery DATE 4/14/39

19. FUNERAL DIRECTOR (NAME) Wm. Smith (ADDRESS) Warrentonville Mo

20. FILED 4-13-39 JWR Phoder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/13 1939

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1939, to Apr. 13, 1939

I last saw him alive on Apr 13, 1939 Death is said to have occurred on the date stated above, at 8 A.M.

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

Pulmonary atelectasis Date of onset Apr 13

Other contributory causes of importance: 16/14

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? m

If so, specify _____ (Signed) Arter J. Speer M. D. (Address) Warrington Mo

RECEIVED

District Health Officer No. 3.

District File Number 39-913

Date Filed 5-9-39

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.....

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.