

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

16369

Do not use this space.

REC'D MAY 24 1939

1. PLACE OF DEATH

(a) County Bernou Registration District No. 275
 (b) Township _____ Primary Registration District No. 3039 Registered No. 109
 (c) City or Nevada (d) Street No. _____ 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. 239 Audrey Cecil Eichinger St. _____
West Capison Street (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15 1895
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 1 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homekeeper
 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) Nevada (STATE OR COUNTRY) Missouri

FATHER 13. NAME Clinton King
 14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Mayme Parham
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Leslie Noel (ADDRESS) Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Newton B. Park DATE April 1939

19. FUNERAL DIRECTOR (NAME) Harold Richard Service (ADDRESS) Nevada Mo.

20. FILED 4-21 1939 Ellen E. Hayes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 20, 1939
 22. I HEREBY CERTIFY, That I attended deceased from on Apr 20 1939
 I last saw him alive on Apr 20 1939 Death is said to have occurred on the date stated above, at 1:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 3-20-39
82 yr
 Other contributory causes of importance: Hypertension

Name of operation _____ 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) [Signature], M. D.
 (Address) Nevada, 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 7-39-938

Date filed 5-8-39

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Allen V. Hays

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.