

REC'D JUN 13 1939

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

18498

Do not use this space.

1. PLACE OF DEATH

(a) County *De Kalb*(b) Township *Park*(c) City *King City*

(e) Length of residence in city or town where death occurred yrs. mos. ds.

(d) Street No. *267*Primary Registration District No. *5364*

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. *657 E. Main Jackson French*

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary French*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 17 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*64**10**12*

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

*Farmer**May 15 1939*

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

20. FILED

*5-30**1939**E. M. Reynolds**Local Registrar*

MEDICAL CERTIFICATE OF DEATH

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

May 28 1939

22. I HEREBY CERTIFY That I attended deceased from

*January 1939 to May 28 1939*I last saw him alive on *May 28 1939*. Death is saidto have occurred on the date stated above, at *12:10 a.m.*

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

Carcinoma of liver

Date of onset

Other contributory causes of importance:

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....., 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 *Cancer of liver*

(Signed)

*Putnam E. Rockwood**Doc D.*

227 (Address)

Union Star, Mo,

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully studied. 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 *R. L. Taggart*
Licensed Embalmer No. 2563
P. O. Address *King City 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.