

156D JUN 21 1939

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

18518

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 957
(b) Township Richland Primary Registration District No. 5396
(c) City _____ (d) Street No. _____
(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. _____ St. _____
(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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, . . . hrs. or . . . min.

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) Irwin Bridges, Mo.
(STATE OR COUNTRY)

13. NAME Adie Croney

14. BIRTHPLACE (CITY OR TOWN) Dana, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Elberta Welch

16. BIRTHPLACE (CITY OR TOWN) Brandenburg, Mo.
(STATE OR COUNTRY)

17. INFORMANT Adie Croney
(ADDRESS) Irwin Bridges, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sweeton DATE Apr. 23, 1939

19. FUNERAL DIRECTOR (NAME) _____
(ADDRESS) _____

20. FILED May 1, 1939 Faye Thornton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19 _____

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1939 to April 22, 1939
I last saw her alive on April 22, 1939. Death is said to have occurred on the date stated above, at 10:44 a.m.

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

Other contributory causes of importance: 156

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? _____
If so, specify _____

(Signed) P. Daw Gurn, M. D.
(Address) W. 1st & Linn, Mo.

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

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.

20M-9-19-39 I X16605

RECEIVED ASHER, W. D.

District Health Officer, No. 6,

Historical File Number 6-6-39-1153

Date Filed JUN 5 1939

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.