

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.

JUN 15 1939

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

18858
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
 (b) Township Prairie Primary Registration District No. 555313 Registered No. 112
 (c) City _____ (d) Street No. Jackson County Home for the Aged St. _____
 (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. 11303 E. 19th. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) may 17 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 11 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. labour
 9. Industry or business in which work was done, as saw mill, bank, etc. Standard Oil Co.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County Mo.

13. NAME Cornelius Pugley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poughkeepsie N.Y.

15. MAIDEN NAME Sarah E Jones

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

17. INFORMANT (ADDRESS) ms. A. A. Powell 11303 E. 19th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE woodlawn - bdy. DATE May 5 1939

19. FUNERAL DIRECTOR (ADDRESS) Att & Mitchell 9 independence mo.

20. FILED 5/12 1939 Law G. Boney Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) may 2 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/2 1939 to 5-2 1939
 I last saw him alive on 5/1 1939 Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Aortic regurgitation Date of onset ?
 Other contributory causes of importance: A 2d

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 _____ (Signed) J. W. Greene M. D.
Independence Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)