

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

19292
Do not use this space.

REC'D JUN 22 1939

1. PLACE OF DEATH

(a) County MORGAN Registration District No. 598
 (b) Township Morgan Primary Registration District No. 7355
 (c) City VERSAILLES (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 625 Rachel Brizendine St.
VERSAILLES, MISSOURI (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>PASS Brizendine</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 17-1960</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at Home</u>	
	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) (STATE OR COUNTRY) <u>TEXAS</u>		
FATHER	13. NAME <u>Iceie Epps</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Posner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>Mrs Sam Buckner Rt 13. Eldon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Springs - Moore</u> DATE <u>May 12, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. F. Kidwell Versailles Mo</u>		
20. FILED <u>J-15 1939</u> <u>Will F. Berry Jr.</u> Legal Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1938 to May 10, 1939
 I last saw her alive on May 10, 1939. Death is said to have occurred on the date stated above, at 2: p. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____
93C
 Other contributory causes of importance
Hypostatic Pneumonia May 11, 39

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? No
 If so, specify _____
 (Signed) P. F. Eckhoff, D. O. M. D.
 (Address) Versailles, 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.

THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 71
District File Number 7-29-913
Date Filed 6-6-39

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.