

35 JUN 24 1939

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

20033
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township..... Primary Registration District No. 3039
(c) City Nevada or (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. 638 S. College St. (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) Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 - 1895
7. AGE YEARS 45 MONTHS 10 DAYS 6 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home work.
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) Lamar - Mo - 5
13. NAME R. J. Lawler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Opheal Watrous
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa -
17. INFORMANT Mr. Bessie Marshall (ADDRESS) Nevada Mo -
18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Burial Park DATE May 29 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Reichinger Funeral Nevada Mo.
20. FILED 5/29 1939 Allen V. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1939
22. I HEREBY CERTIFY, That I attended deceased from May 16 1939 to May 26 1939
I last saw him alive on May 26 1939 Death is said to have occurred on the date stated above, at 11:34 AM.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
Date of onset 1931
Other contributory causes of importance:
Chronic Myocarditis and Chronic Endocarditis
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
Also, specify
(Signed) J. J. Newlan, M. D.
Nevada 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.

FORM 9-1-35 I X16005

RECEIVED

District Health Officer No. 7
District File Number 7-39-891
Date Filed 6-6-39

AUG 21 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.....

Marsh Eechinger

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Marsh Eechinger*

Licensed Embalmer No. *2656-*

P. O. Address *Nevada, 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.