

JUL 17 1939

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

22349
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township Carthage Primary Registration District No. 3020 Registered No. 121
(c) City Carthage (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. 1010 Elmer Brich St. (If nonresident, give city or town and State)
734 N. Central Ave. (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. E. Brich
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1867
7. AGE YEARS 71 MONTHS 9 DAYS 0 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Freeport (STATE OR COUNTRY) Delaware

13. NAME A. H. Bell

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

15. MAIDEN NAME Agnes Beager

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

17. INFORMANT (ADDRESS) Justin Brich
East Junction, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLAC Crematorium DATE June 27, 1939

19. FUNERAL DIRECTOR (NAME) Frank M. Postway (ADDRESS) Carthage, Mo.

20. FILED June 27, 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1936, to June 26, 1939
I last saw her alive on June 24, 1939 Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Chr. Myocarditis

Date of onset 4/29/39

Other contributory causes of importance: Chr. Nephritis

Name of operation none Date of _____
What test confirmed diagnosis? physical 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) George H. Wages, M. D.
Carthage Mo. (Address)

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.

RECEIVED

District Health Officer No. 6,

District File Number 739-1471

Date Filed JUL 13 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 Emm L. Kull

Licensed Embalmer No. 391

P. O. Address Carthage

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.