

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

22423
 Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 410
 (b) Township Sheridan Primary Registration District No. 5568 Registered No. 10
 (c) City _____ (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

200 Cora Vonier Achey
 (a) Residence, No. Carthage, Route #1 St. (If nonresident, give city or town and State)
 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Achey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1895
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 44 4 9
 OCCUPATION 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) (STATE OR COUNTRY) Jasper County Missouri
 FATHER 13. NAME Andrew Vonier
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
 MOTHER 15. MAIDEN NAME Lavina Aeschliman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT (NAME) John Achey (ADDRESS) Carthage, Route #1
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hackney Cemetery DATE 6-7-39
 19. FUNERAL DIRECTOR (NAME) Ulmer (ADDRESS) Carthage, Mo.
 20. FILED June 7 1939 Clara E. Barnes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
 I last saw her alive on June 5, 1939 Death is said to have occurred on the date stated above, at 4:00 a. m.
 The principal cause of death and related causes of importance were as follows:
lung disease by Date of onset _____
widespread metastases
160
 Other contributory causes of importance:
Baby's death hanging
by wire around neck
black shed, Desperdeney
 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 6/5/39
 Where did injury occur? Jasper County, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury hanging by neck
 Nature of injury suicide
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) T. H. Winchester _____, M. D.
 (Address) Jasper, 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.

RECEIVED

District Health Officer No. 6

District File Number 739-1340

Date Filed JUL 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 Ed [Signature]

Licensed Embalmer No. 7222

P. O. Address Partridge

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.