

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.

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

22537
Do not use this space.

DEC'D JUL 19 1939

1. PLACE OF DEATH

(a) County Linn Registration District No. 475
 (b) Township Springer Primary Registration District No. 5639 Registered No. _____
 (c) City Broda Mo (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. 6032 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1879
 7. AGE YEARS 60 MONTHS 1 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Warra Mo
 FATHER 13. NAME Patrick McNamee 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 MOTHER 15. MAIDEN NAME Mary Ann 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 17. INFORMANT (ADDRESS) Tom McNamee
 18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic cemetery DATE June 25, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Oscar Worsel
 20. FILED 7/7 1939 A. J. Rudig Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1939
 22. I HEREBY CERTIFY That I attended deceased from after death 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at about 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Coronary Sclerosis
 Date of onset not known
 Other contributory causes of importance: 946
 Name of operation _____ Date of _____
 What test confirmed diagnosis? History 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: Herman Surridge (doctor)
 (Signed) _____ (Address) Aurora Mo

RECEIVED

State Health Officer No. 6,

License Number 739-1424

Date Filed JUL 11 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,

Myself

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Orson L Marsh*

Licensed Embalmer No. 8812

P. O. Address Avonia 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.