

REC'D JUL 17 1939

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

22693
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 56
(b) Township Bagnell - Franklin Registration District No. 5756
(c) City Franklin or Franklin (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.

Registered No. 422. PRINT FULL NAME Unnamed

(a) Residence, No. Bagnell, Missouri 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.
0 0 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Bagnell 0
(STATE OR COUNTRY) Missouri 0

13. NAME Arthur Vernon Pope 0

14. BIRTHPLACE (CITY OR TOWN) Linn Creek
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Vivien LaVertie Haynes

16. BIRTHPLACE (CITY OR TOWN) Olean
(STATE OR COUNTRY) Missouri

17. INFORMANT Parent
(ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Disposed of by relatives

19. FUNERAL DIRECTOR (NAME) by relatives
(ADDRESS)

20. FILED June 10, 1939 Belle Haynes 495
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 19 39

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1939 to June 8, 1939

I last saw her Stillborn June 8, 1939 Death is said to have occurred on the date stated above, at FOUR p. m.
The principal cause of death and related causes of importance were as follows:

Unknown--stillborn
at 5 months

Date of onset

Other contributory causes of importance:

Name of operation None Date of --
What test confirmed diagnosis? None 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? _____
If so, specify _____ (Signed) E. O. Shelton, M. D.

(Address) Six South Maple, Eldon, Mo.

RECEIVED

Miller County Health Dept.

County File Number 39-~~115~~88

Date Filed 7-14-39

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.