

2200 JUL 14 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22868

Do not use this space.

1. PLACE OF DEATH

(a) County Ozark Registration District No. 640
 (b) Township Garrison Primary Registration District No. 3958
 (c) City North Bridge, 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Haynes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1856
 7. AGE YEARS 83 MONTHS 5 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Hartsville, Mo.

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo., Mo.

MOTHER 15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hugh Edwards
North Bridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Removal DATE June 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chicklingland
Mo., Mo.

20. FILED June 20, 1939 Mrs. Riley Harris
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1939, to June 28, 1939
 I last saw him alive on June 28, 1939. Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Enteritis

Date of onset

Other contributory causes of importance:

Ball Blows and Gasteritis of long standing

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. E. Meyer, M. D.

(Address) Almartha, Mo.

District Health Officer No. 6,

District File Number 739-1464

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.....

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.