

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.

REC'D JUL 19 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23010

Do not use this space.

1. PLACE OF DEATH

(a) County Polaski Registration District No. 712
 (b) Township Richland Primary Registration District No. 4427
 (c) City Richland (d) Street No. _____
 (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. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alison Lee</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 11 - 1865</u> | | |
| 7. AGE | YEARS <u>74</u> | MONTHS <u>2</u> |
| | DAYS <u>8</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Stomacher</u> | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. <u>Stomacher</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>Apr. 11 - 1865</u> | |
| | 11. Total time spent in this occupation <u>Stomacher</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Charleston W. Va.</u> | | |
| FATHER | 13. NAME <u>Quinton Quisenberry</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indianapolis</u> | |
| MOTHER | 15. MAIDEN NAME <u>Elizabeth Fairmon</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Charleston W. Va.</u> | |
| 17. INFORMANT (ADDRESS) <u>Ethel Hopkins</u> <u>Richland Mo.</u> | | |
| 18. BURIAL, CREMATION OR REMOVAL PLACE <u>Oak Lawn</u> DATE <u>6-20-39</u> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>D. B. Dupre</u> <u>Richland Mo.</u> | | |
| 20. FILED <u>June 19</u> 1939 <u>Ernest A. Oliver</u> Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-39 1939

22. I HEREBY CERTIFY, That I attended deceased from May - 2 - 1937 to June 19, 1939
 I last saw him alive on 6-18-39 Death is said to have occurred on the date stated above, at 2 P. M.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Dr. J. H. Oliver M. D.

(Address) Richland Mo.
6480

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.....

Not Embalmed

Registered Apprentice No.

working under my personal supervision.

Signed.....

RA Super

Licensed Embalmer No. *3198*

P. O. Address *Richland 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.