

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

23480
Do not use this space.

JUL 17 1939

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township 1 Primary Registration District No. 3039
 (c) City Nevada (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. 628 W. Walnut 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1863
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 3 2/8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 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) Youngtown Penn.
 FATHER 13. NAME Richard White 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn 1
 MOTHER 15. MAIDEN NAME Fellie Golden 1
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 1
 17. INFORMANT (ADDRESS) Mrs. L. O. Lewis Nevada, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE June 12, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beidinger Mort Nevada, Mo.
 20. FILED June 12, 1939 Allen V. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1939
 22. I HEREBY CERTIFY That I attended deceased from 6-10, 1939, to 6-10, 1939.
 I last saw h.e. alive on 6-10, 1939. Death is said to have occurred on the date stated above, at 6:50 PM.
 The principal cause of death and related causes of importance were as follows:
acute coronary thrombosis sudden death 6-10-39
 Date of onset _____
 Other contributory causes of importance: 94
 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 _____, 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 _____
 (Signed) [Signature], M. D.
 (Address) Nevada, Mo.

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.

1 X16605

RECEIVED
District Health Officer No. 7
District File Number 7-39-1038
Date Filed 7-13-39

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 Marsh Eichinger, Registered Apprentice No. _____ working under my personal supervision.

Signed Marsh Eichinger
Licensed Embalmer No. 3656
P. O. Address Nevada, 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.