

55<sup>th</sup> AUG 19 1939

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

24925  
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 29  
(b) Township 1 Primary Registration District No. 4021 Registered No. 24  
(c) City Cassville (d) Street No. Cassville, Mo. St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

520 Hiram P. Sons  
(a) Residence, No. Cassville, Mo. 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 (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura J. Sons  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1856  
7. AGE YEARS 82 MONTHS 8 DAYS 2 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher  
9. Industry or business in which work was done, as saw mill, bank, etc. Public Schools  
10. Date deceased last worked at this occupation (month and year) Feb. 1904 11. Total time (years) spent in this occupation 28 yrs  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee  
13. NAME Rev. James Sons  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia  
15. MAIDEN NAME Matilda Church  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee  
17. INFORMANT (ADDRESS) C. N. Meadors, Cassville, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Moriah DATE 7/8 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Loon Funeral Home, Cassville, Mo.  
20. FILED 7-20 1939 Seaw. Newman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1939  
22. I HEREBY CERTIFY, that I attended deceased from Oct. 1-1932 to July 5 1939  
I last saw him alive on July 5 1939 Death is said to have occurred on the date stated above, at 7 A.M.  
The principal cause of death and related causes of importance were as follows:  
Euremia Date of onset 1931  
Chronic Myocarditis  
Prostatic Hypertrophy  
Other contributory causes of importance:  
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) C. E. McDaniel, M.D.  
30 (Address) Cassville, Mo.

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.

WWW.CENTRAL-INK.COM THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer: No. 6,

District No. 839-1719

Date Filed AUG 17 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,

*Rufus J. Miller*

or by

Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed

*Rufus J. Miller*

Licensed Embalmer No.

*3794*

P. O. Address

*Cassville, 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.