

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

**25416**  
Do not use this space.

**1. PLACE OF DEATH** 2

(a) County Cole Registration District No. 213

(b) Township Jefferson Primary Registration District No. 3014 Registered No. 155

(c) City Jefferson (d) Street No. St. Mary's Hospital 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** 536 Enoch Underwood

(a) Residence, No. Farmington, 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** male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Sarah Underwood

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Aug - 2, 1880

**7. AGE** YEARS 58 MONTHS 10 DAYS 30 If LESS than 1 day, ..... hrs. or ..... min.

**OCCUPATION**

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Retired

**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)** Trace Creek, Missouri

**FATHER**

**13. NAME** Carter Underwood

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

**MOTHER**

**15. MAIDEN NAME** Sophia Ingram

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Marble Hill, Mo.

**17. INFORMANT (ADDRESS)** Mrs. Sarah Underwood Farmington, Missouri

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Trace Creek, Mo DATE July 4, 1939

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Thorpe & Gordon Jefferson City, Mo

**20. FILED** 7/13/39 Missouri Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** July 1st 1939

**22. I HEREBY CERTIFY** that I attended deceased from June 22nd, 1939, to July 1st, 1939.

I last saw him alive on July 1st, 1939. Death is said to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance were as follows:

Polycystic degeneration of Kidney, Bilat.

Date of onset 1/2

Other contributory causes of importance: Uremia

Name of operation None Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? yes

**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) Enoch Underwood, M. D.

(Address) Jefferson City, 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.

**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.....

*Ferd P Dulle*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Ferd P Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City N*

**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.**