

AUG 9 1939

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

25558

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 291 -
 (b) Township Boone Primary Registration District No. 415a
 (c) City _____ (d) Street No. _____ Registered No. 42-july 2
 (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. _____ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-30-39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 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) Sullivan Mo

FATHER 13. NAME ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER 15. MAIDEN NAME Mary Ann Walls

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

17. INFORMANT (ADDRESS) Mary Ann Walls Sullivan Mo

18. BURIAL, CREMATION, OR REMOVAL Franklin DATE 7-31-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) None

20. FILED 7/31-1939 Ed R. R. R. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30-1939

22. I HEREBY CERTIFY, That I attended deceased from 7-30-1939 to 7-30-1939

I last saw him alive on 7-30-1939. Death is said to have occurred on the date stated above, at 1045 m.

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

Still born
to Mrs -

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? None 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) Ed R. R. R., M. D.
 (Address) Sullivan Mo

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

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Do not use this space.

1. PLACE OF DEATH
- (a) County Franklin Registration District No. 295-1404
- (b) Township Boone Primary Registration District No. 5415
- (c) City Boone (d) Street No. 208 St. 3
- (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 Stell born
- (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 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-30-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.

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

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30-39
22. I HEREBY CERTIFY, That I attended deceased from 7-30-39 to 7-30-39
- I last saw h. on 7-30-39 at 1939
- Deaths said to have occurred on the date stated above, at 10:45 m.
- The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Mo

13. NAME ?

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

15. MAIDEN NAME Mary Ann Walls

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Mo

17. INFORMANT (ADDRESS) Mary Ann Walls Sullivan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 7-31-39

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-19-1940 @ Proctor Local Registrar.

Name of operation Date of

What test confirmed 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) C.A. Procter, M. D.
(Address) Sullivan Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-25558 - 1729