

REC'D AUG 22 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH25747  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Harrison Registration District No. 384  
 (b) Township West Plains Primary Registration District No. 4227  
 (c) or City West Plains (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 33 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 300 Charles Theo Aid 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Agnes Aid</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 19 1852</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>7</u>
	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Merchant</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Merchant</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) <u>New Holland</u> (STATE OR COUNTRY) <u>Ohio</u>		
FATHER	13. NAME <u>Joseph Aid</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Elkhart</u> (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Genevieve Kellhofer</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Baden</u> (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Joe Aid III</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Lawn</u> DATE <u>7-5</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Robertson Mortuary</u> (ADDRESS) <u>West Plains, Mo.</u>		
20. FILED <u>7-4</u> 19 <u>39</u> <u>Vida W. SIMONS</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3 1939

22. I HEREBY CERTIFY, That I attended deceased from March 21 1938, to July 3 1939  
 I last saw him alive on July 3 1939. Death is said to have occurred on the date stated above, at 6:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of Bladder  
51  
 Other contributory causes of importance:  
Alcohol, Hypertension  
 Name of operation Prostatectomy Date of \_\_\_\_\_  
 What test conducted? \_\_\_\_\_ 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) W. H. Hagan M. D.  
344 (Address) West Plains, Mo.

RECEIVED

District Health Officer No. 5,

District File Number 839 74

Date Filed 8/10/39

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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

*Howthy D. Chertson*

Licensed Embalmer No. 3932

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.