

1939 AUG 12 1939

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

26101
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township Mt. Vernon Primary Registration District No. 15633 Registered No. 95
(c) City Mt. Vernon (d) Street No. Missouri State Van 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. 7 mo. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME

(a) Residence, No. William B Monday
Kansas City - 6440 Summit
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1937 to July 12 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12, 1876

I last saw her alive on July 12 1939. Death is said to have occurred on the date stated above, at 4:50 P.M.

7. AGE YEARS 62 MONTHS 8 DAYS If LESS than 1 day, hrs. or min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) 1936 11. Total time (years) spent in this occupation 72

Pulmonary Tuberculosis Date of onset 1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner Co Missouri

Other contributory causes of importance: None

FATHER 13. NAME Jeremiah Crow

Name of operation _____ Date of _____
What test confirmed diagnosis? Sputum Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner Co, Miss

MOTHER 15. MAIDEN NAME Lucy Brezindine

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner Co Missouri

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

17. INFORMANT (ADDRESS) Wm. M. Metall Reedler Missouri State Van

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE July 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fossitt Funeral Home Mt. Vernon Mo

(Signed) J. M. Vernon, M. D.
(Address)

20. FILED July 19 1939 P. A. Holmes Local Registrar

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.

RECEIVED

District Health Officer No. 6,

District File Number 839-1551

Date Filed AUG 8 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, 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.