

1939 AUG 16 1939

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

26405
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 625
(b) Township Osage Primary Registration District No. 5827 Registered No. 99
(c) City Marionville Mo (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lars Peter Michalson
(a) Residence, No. 4 Miles South East Marionville St. (If nonresident, give city or town and State)
#8 (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 Lillie Michalson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-23-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 72 10 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Utah 1

13. NAME Lars Michalson 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark 9

15. MAIDEN NAME Unknown

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lillie Michalson
Marionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Utah DATE July 15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home
957 South Main Marionville Mo

20. FILED 7-16 1939 Mamie E. Clardy
Local Registrar. 556

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1939

22. I HEREBY CERTIFY That I attended deceased from 6.29.39, 19____, to 7.14.39, 19____, I last saw him alive on 7.13.39, 19____. Death is said to have occurred on the date stated above, at 12:00 a.m.
The principal cause of death and related causes of importance were as follows:

Right cerebral thrombosis (cerebral stroke artery)
Date of onset 6.27.39

Other contributory causes of importance: gtd

Name of operation none 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? yes
If so, specify _____

(Signed) J. T. Ryan, M. D.
Mary Weese med.

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. 14;

File Number 839-1073

AUG 14 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.....

W. Dean Campbell
working under my personal supervision.

Registered Apprentice No.....

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Wayville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.