

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26425
Do not use this space.

AUG 14 1939

1. PLACE OF DEATH

(a) County Cassage Registration District No. 644
 (b) Township Clinton Primary Registration District No. 2833A Registered No. 2
 (c) City or Bonnets Mill (d) Street No. _____ (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. 673 Rhoda E First
Bonnets Mill, Mo. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF John C. First
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 - 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 6 16
 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) Bunceton Mo

MOTHER 13. NAME David W. McClain

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

15. MAIDEN NAME Jailley Ann Stephens

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

17. INFORMANT (ADDRESS) C. E. First
Bonnets Mill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deplow Mo DATE 7-20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morton Funeral Home
Deplow Mo

20. FILED 7-24-1939 Carvelly & Matthe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1939

I HEREBY CERTIFY That I attended deceased from July 1 1939, to July 18 1939
 I last saw him alive on July 18 1939 Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart Date of onset _____
Chronic myocardial _____
chronic dilatation _____
hypertension _____
 Other contributory causes of importance: old age 121

Name of operation myocardial Date of _____

What test confirmed diagnosis? myocardial 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) Geo. Williams, M. D.

(Address) Deplow Mo

575 _____

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.....

Vernon M. Morton....., Registered Apprentice No. 165
working under my personal supervision.

Signed Victor Buescher.....

Licensed Embalmer No. 3701.....

P. O. Address J.C. mo......

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.