

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.

1939 AUG 7

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

27093
Do not use this space.

1. PLACE OF DEATH

(a) County Cernon Registration District No. 875

(b) Township 1 Primary Registration District No. 3039

(c) City Nevada (d) Street No. 721 St. Austin 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 Emile C. Dauphine

(a) Residence, No. 721 St. Austin St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 19 1856

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

82 9 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired (Grand St.)

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) France

13. NAME James Dauphine?

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

15. MAIDEN NAME Elizabeth (Unknown)

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

17. INFORMANT (ADDRESS) Everett Dauphine
San Jose California

18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwood Cem. DATE July 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Raymond J. Barwick
Nevada, Mo.

20. FILED 7-17 1939 Allen & Hays
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 1939

22. I HEREBY CERTIFY, That I attended deceased from June 29 to July 16 1939

I last saw him alive on July 16 1939 Death is said to have occurred on the date stated above, at 10:39 m.

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

Chronic Coronary Disease

Cardiac Insufficiency

Other contributory causes of importance:

131

Name of operation _____ Date of _____

What test confirmed diagnosis? 2 Was there an autopsy? 2

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. Hays, M. D.

(Address) 111 Nevada Mo.

RECEIVED
District Health Officer No. 7, 115
District File Number 7-39-127
Date Filed 8-4-39

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 Allen V. Hoays

Licensed Embalmer No. 1968

P. O. Address Nevada

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.