

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.

1872  
AUG 7 1939

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

27116  
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon 3 Registration District No. 875  
 (b) Township Wood Primary Registration District No. 6162 Registered No. 163  
 (c) City Wood or (d) Street No. State Hospital #3 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

(a) Residence, No. 216 Ina Dehnbarger St.   
Buffalo 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 '64

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 0 16

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) D.K. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. Unknown

13. NAME D.K. Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. Unknown

15. MAIDEN NAME D.K. Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. Unknown

17. INFORMANT (ADDRESS) Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Hosp. Cent. DATE 7/11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guchman  
Greenville Mo.

20. FILED July 11, 1939 Alfred V. Hays  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1939 to July 10 1939  
 I last saw h. alive on July 10 1939 Death is said to have occurred on the date stated above, at 10:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Lehr myocarditis  
E.M. degeneration  
AK  
AK  
Other contributory causes of importance  
Myocardial depression  
AK  
3 days

Name of operation..... 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? NO  
 If so, specify.....  
 (Signed) Alfred V. Hays, M. D.  
 (Address) Greenville Mo.

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

7-37-1114

8-3-39

**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.....

*Mark Leising*

Licensed Embalmer No.....

2656

P. O. Address.....

*Peoria*

**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.