

REC'D AUG 24 1939

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

27192

Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 908
(b) Township Wood Primary Registration District No. 6223 Registered No. 85
(c) City _____ (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

Ronald G. Underwood
(a) Residence, No. _____ 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 (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 6 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) Los Angeles (STATE OR COUNTRY) California

FATHER 13. NAME Lowell Underwood

14. BIRTHPLACE (CITY OR TOWN) Everson, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ruby Underwood

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

17. INFORMANT Lowell Underwood (ADDRESS) Dawson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin DATE Aug 27, 1939

19. FUNERAL DIRECTOR (NAME) Russell Barber (ADDRESS) M.T. Long, Mo.

20. FILE 8-23, 19 39 Bernice Montgomery Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21, 1939

22. I HEREBY CERTIFY, that I attended deceased from viewed body 19 body, 19 body

I last saw him alive on Aug. 20, 1939. Death is said to have occurred on the date stated above, at 6 p. m.

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

Diarrhea?
1206

Other contributory causes of importance:

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? _____
If so, specify _____

(Signed) R. A. Ryan, M. D.
(Address) 1214 Grove

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/24/39

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address mt. Iron, 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.