

SEP 6 1939

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

28133  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson / Registration District No. 399  
 (b) Township Jean / Primary Registration District No. 1002  
 (c) City Clamsville / (d) Street No. W. Coleman 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.

Registered No. **3135**

2. PRINT FULL NAME

(a) Residence, No. 2010 Holly St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 63  
 7. AGE YEARS 76 MONTHS 2 DAYS 3 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 14 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 2-24 1890 to 8-4 1939  
 I last saw him alive on 8-4 1939 Death is said to have occurred on the date stated above, at 8:50 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Hypertrophy of Prostate; Prostatic resec  
 Date of onset 127  
 Other contributory causes of importance:  
Acute Cardiac Failure Dilatation  
 Name of operation Pro. Resec. Date of 8-2-39  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury  
 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) P. J. De Maria, M. D.  
 (Address) 2010 Holly St. Clamsville

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn /  
 13. NAME George Rouse /  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn /  
 15. MAIDEN NAME Mary Ellen  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn  
 17. INFORMANT Mollie Rouse (ADDRESS) 2010 Holly  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wood Hills DATE Aug 7 - 39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rose & Johnson 15th Street  
 20. FILED 77 19 39 M. M. Crome Local Registrar.

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 Van Lawson

Registered Apprentice No. 1819, working under my personal supervision.

Signed J. B. Corp.

Licensed Embalmer No. 2955

P. O. Address H. 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.**