

REC'D SEP 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28677

Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township 1 Primary Registration District No. 579/2107
 (c) City Saylor Bluff (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.

Registered No. 202

2. PRINT FULL NAME

520 Martin Wayne Punch
 (a) Residence, No. Wappahella Mo 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 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 26-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 5 13

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) (STATE OR COUNTRY) Wayne Co Mo

FATHER 13. NAME Clay Punch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

MOTHER 15. MAIDEN NAME Mabel Martin

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

17. INFORMANT (ADDRESS) Mr Clay Punch
Saylor Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wappahella Mo DATE Aug 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) N. J. Pheasant
Saylor Bluff Mo

20. FILED 89 1939 Obit 42
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1939, to Aug 9, 1939

I last saw him alive on Aug 9, 1939. Death is said to have occurred on the date stated above, at 12 a. m.

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

Septicemia (staphylococcus) Aug 20 1939
44 hr

Other contributory causes of importance:
Chicken pox Aug 20 1939
Pneumonia acute left lobe Aug 21 1939

Name of operation incision + drainage Date of Aug 5 1939

What test confirmed diagnosis? exam 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) B. J. Macomber, M. D.

89 (Address) Saylor Bluff Mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.