

REC'D SEP 20 1939

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

28969

Do not use this space.

## 1. PLACE OF DEATH

(a) County COOPER Registration District No. 218  
(b) Township BOONVILLE Primary Registration District No. 3015  
(c) City BOONVILLE (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 361 DENIS RILEY RETHERFORD

(a) Residence, No. 701 EAST MORGAN 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 INFANT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 13 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 15

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. INFANT  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) BOONVILLE (STATE OR COUNTRY) MISSOURI

13. NAME MARTIN R. RETHERFORD

14. BIRTHPLACE (CITY OR TOWN) CLEAR CREEK (STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME EVA CATHERINE DICK

16. BIRTHPLACE (CITY OR TOWN) PILOT GROVE (STATE OR COUNTRY) MISSOURI

17. INFORMANT MARTIN R. RETHERFORD (ADDRESS) BOONVILLE, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE CATHOLIC CEMETERY DATE AUG 29, 1939

19. FUNERAL DIRECTOR (NAME) STEGNER & KOENIG (ADDRESS) BOONVILLE, MO.

20. FILED 8-28, 1939 Bo Cooper Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-13-39, 1939, to 8-28, 1939

I last saw him alive on 8-28, 1939. Death is said to have occurred on the date stated above, at 1:30 A.M.  
The principal cause of death and related causes of importance were as follows:

acute PeritonitisDate of onset 8-17-39

Other contributory causes of importance:

Influenza8-27-39

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? atopy 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: \_\_\_\_\_, 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. Stear, M. D.

(Address) Boonville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

1 X16805

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9/8/39

**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 James W. Stegner  
Licensed Embalmer No. 3780  
P. O. Address Boonville, 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.**