

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

2002 Contd.
 W. J. Walsh
 20145
 Do not use this space.

1860 SEP 12 1939

1. PLACE OF DEATH
 (a) County..... GREENE Registration District No..... 316
 (b) Township..... 1 Primary Registration District No..... 2001 Registered No..... 627
 (c) City..... SPRINGFIELD (d) Street No..... 1010 Ozark ave 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 Infant Dan. of Eugene & Dario McJimis
 (a) Residence, No. 1010 Ozark ave St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1939
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 0 hrs. or min.
1 0 0 0 0
 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) Springfield Mo
 FATHER 13. NAME Eugene McJimis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo
 MOTHER 15. MAIDEN NAME Dario Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Mo
 17. INFORMANT (ADDRESS) Eugene McJimis
Springfield Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highwood DATE Aug 12 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Schreyer
Springfield Mo.
 20. FILED Aug 12, 1939 Chas. A. George
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to Aug 11, 1939
 I last saw him dead Aug 11, 1939. Death is said to have occurred on the date stated above, at 8:00 m.
 The principal cause of death and related causes of importance were as follows:
Still Birth
 Date of onset _____
 Other contributory causes of importance:
5 1/2 to 6 mo gestation
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external cause (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. J. Walsh, M. D.
 (Address) Springfield Mo.

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.....

....., 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.