

REC'D SEP 8 1939

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

29448  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417  
 (b) Township Jasper Primary Registration District No. 3021 Registered No. 66  
 (c) City Webb City (d) Street No. 503 S. ELLIOTT. 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

(a) Residence, No. 503 South Elliott 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82. 11 9  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 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) Dallas County (STATE OR COUNTRY) Missouri  
 FATHER 13. NAME Jasper Scriver  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 MOTHER 15. MAIDEN NAME Olga Medley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT (NAME) Low Melvin Ripley (ADDRESS) Webb City, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Aug. 13, 1939  
 19. FUNERAL DIRECTOR (NAME) Wedge Nelson (ADDRESS) Webb City, Mo  
 20. FILED AUG. 18, 1939 L. A. Britchett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1939

22. HEREBY CERTIFY, That I attended deceased from July 20, 1939 to Aug. 10, 1939

I last saw him alive on AUGUST 10, 1939. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Chronic Myocardial  
 92C  
 Other contributory causes of importance:

Name of operation NONE Date of X

What best confirmed diagnosis? CLINICAL Was there an autopsy? NO

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) C. G. Gray M. D.

(Address) Webb City, 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.

RECEIVED

District Health Officer No. 6,

District File Number 939-1760

Date Filed SEP 5 1933

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.....

*E. M. Hedge*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *E. M. Hedge*

Licensed Embalmer No. *2859*

P. O. Address *West City 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.

SEPT 5 1933