

SEP 12 1939

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

29857
Do not use this space.

1. PLACE OF DEATH

(a) County Osage Registration District No. 6-286
(b) Township North Primary Registration District No. 6-49 Registered No. 15
(c) City _____ (d) Street No. _____
(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

(a) Residence, No. _____ St. All nonresident, give city or town and State)
Archibald North

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939, to Aug 10, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1946

I last saw him alive on Aug 14, 1939. Death is said to have occurred on the date stated above, at 1 P. m.

7. AGE YEARS 93 MONTHS 3 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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

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

paralysis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Other contributory causes of importance: _____

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

Name of operation _____ Date of _____

15. MAIDEN NAME unknown

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS) _____

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley DATE Aug. 11, 1939

Specify whether injury occurred in industry, in home, or in public place. _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. Beane
Hamersville

Manner of injury _____

Nature of injury _____

20. FILED Aug 10, 1939 Hattie G. Davis
Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

822

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.