

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.

REC'D SEP 21 1939

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

30455
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon ³ Registration District No. 875
(b) Township Washington Primary Registration District No. 6162 Registered No. 197
(c) City Nevada (d) Street No. St. Hoop #3 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. Blanson Mo St. (If nonresident, give city or town and State)
620 Ethel Irene Morris.
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Morris.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-21-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 9 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Arkansas

13. NAME Isaac R. Lee

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

15. MAIDEN NAME Dolly Norman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flippen Arkansas

17. INFORMANT (ADDRESS) Husband J. R. Morris Blanson

18. BURIAL, CREMATION, OR REMOVAL PLACE Yellville, ARK. DATE Aug 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hayes Funeral Home Nevada, Mo

20. FILED Aug 8 1939 Allen V. Hayes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1939, to 8-7, 1939

I last saw him alive on 8-6, 1939. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Septicemia

Date of onset ?

Other contributory causes of importance: Bronchial Pneumonia?

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) Dr. Kavanaugh M. D.

(Address) State Hoop #3

Nevada Mo.

RECEIVED

County Health Officer No. 7

Permit File Number 7-39-1751

Date Filed 9-5-39

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 *Allen V. Karp*

Licensed Embalmer No. 1968

P. O. Address Nevada

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.