MISSOURI STATE BOARD OF HEALTH TEG'D SEP 1 4 1939 BUREAU OF VITAL STATISTICS PHYSICIANS should state OCCUPATION is very important. CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No. Primary Registration District No. Registered No. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? mos, 2. PRINT FULL NAME (a) Residence, No... (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVOR HUSBAND OF (OR) WIFE OF Death is said. to have occurred on the date stated above, at, 7. AGE YEARS MONTHS DAYS If LESS than 1 The principal cause of death and related causes of importance were as follows: day,hrs. 15 Date of onset ormin. 8. Trade, profession, or particular kind of OCCUPATION work done, as sawyer, bookkeeper, etc., 9. Industry or business in which work was done, as saw mill, bank, etc..... UNFADING 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and year)..... occupation..... Other contributory causes of importance: 12. BIRTHPLACE (CITY OR TOWN) O (STATE OR COUNTRY) PLAINLY, WITH ATHER 13. NAME 14, BIRTHPLACE (CITY OR TOWN). _____ Date of (STATE OR COUNTRY) What test confirmed diagnosis?...... 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR FONN) Where did injury occur? (Specify city or town, county, and State) (STATE OR COUNTRY) **WRITE** Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Nature of injury 24. Was disease or injury in any way related to occupation of deceased?..... 19. FUNERAL DIRECTOR (NAME) If so, specify...... Statement on Reverse Side) Licensed Embalmer

KERFINED	
Daniel Health Officer No	. 6
Unence the remains 939-18	6-
Late Filed SEP 1 1 1939	

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STATEMENT	BY	LICENSED	EMBA	LME	ł

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,	
La Company of the Com	
Jengs Thefe or by	
Registered Apprentice No, working under my personal supervision	ž.
	76 120
Signed	AUA
	<i>,</i>
Licensed Embalmer No.	e

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.