

REC'D OCT 10 1939

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

32227
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township 1 Primary Registration District No. 3014 Registered No. 209
 (c) City Jefferson (d) Street No. Morris Edmund addition 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. Morris Edmund add. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1939, to Sept 7, 1939
 I last saw her alive on Sept 6, 1939 Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52. 4 8

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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

Chronic pneumonia
Heart
 Date of onset 1/15/39

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

Other contributory causes of importance:
Arteriosclerosis
Chronic valvular disease

FATHER 13. NAME George Saddle

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

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

MOTHER 15. MAIDEN NAME Nancy Mitchell

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

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.

17. INFORMANT (ADDRESS) Eymett Wheat
Jefferson city

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL Liberty Cemetery DATE 9/10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Palmer Service
Jefferson City Mo.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. E. Smith M.D.
 (Address) Jefferson City Mo.

20. FILED 9/19/39 Public Health
 Local Registrar

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,

A. M. Davis

, or by

Registered Apprentice No., working under my personal supervision.

Signed

A. M. Davis

Licensed Embalmer No.

3741

P. O. Address

Jefferson City

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.