

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

32645
 Do not use this space.

OCT 17 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2002 Registered No. _____
 (c) City Jasper (d) Street No. Sumner Hospital 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. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 424 N. Menard St. Cantonville, Mo.
 (Usual place of abode) (If no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF Minnie Nequest
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1873
 7. AGE YEARS 66 MONTHS 3 DAYS 7 If LESS than 1 day,hra. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
 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) Kansas
 FATHER 13. NAME C. G. Nequest
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner, Mo.
 MOTHER 15. MAIDEN NAME Margaret Fry
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner, Mo.
 17. INFORMANT Judge Minnie Nequest (ADDRESS) Cantonville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL Buried PLACE Forest Park DATE Sept 29, 1939
 19. FUNERAL DIRECTOR (NAME) Judge G. G. Nequest (ADDRESS) St. Louis, Mo.
 20. FILED 9-28-39 J. P. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1939, to Sept 27, 1939
 I last saw him alive on Sept 27, 1939. Death is said to have occurred on the date stated above, at 10:30 a. m.
 The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Date of onset 9-26-39

Other contributory causes of importance:

Acute Urinary obstruction
Pyelo nephritis

9-1-39

Name of operation None Date of _____

What test confirmed diagnosis? None 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? _____

If so, specify Yes
 (Signed) Paul W. Walker M. D.
 (Address) Frisco Hwy Joplin, 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 1039-2061

Date Filed OCT 10 1939

Via

1039-2061

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 Wells 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.