

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.

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

32681

Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 411
(b) Township Waller Primary Registration District No. 2007 Registered No. _____
(c) City Gasper (d) Street No. 2006 Mopett 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. 2006 Mopett 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1851
7. AGE YEARS 88 MONTHS 7 DAYS 0 If LESS than 1 day, hrs. or min.
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. Housewife
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) Ohio

FATHER 13. NAME John Senner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Ruby Campbell
2006 Mopett

18. BURIAL, CREMATION, OR REMOVAL Interment DATE Sept 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Marshall Dillon

20. FILED 9-11-1939 Ed D. Janner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1937, to Sept 9 1939

I last saw her alive on Sept 9 1939. Death is said to have occurred on the date stated above, at 1040 P. m.

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

Cardiac dilatation
Arteriosclerosis

Other contributory causes of importance: 95 lb

Name of operation ✓ Date of _____
What test confirmed diagnosis? _____ 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? no
If so, specify Clyde B. Spangler M.D.
(Signed) John C. Senner M.D.
(Address) _____

RECEIVED

District Officer No. 6,

District No. 1039-2041

Date Filed OCT 10 1939

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.