

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**

32926
Do not use this space.

OCT 19 1939

1. PLACE OF DEATH

(a) County Macon Registration District No. 530
 (b) Township Walnut Primary Registration District No. 5707
 (c) City Elmer Mo (d) Street No. _____ 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. _____ St. _____
 (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 (write the word) Single
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1895
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 4 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day Laborer
 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) Macon Mo

FATHER 13. NAME Jackson Cashy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Althony Tucker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Gertrude Wilson Elmer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmer Mo DATE Sept 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clide McCallum Elmer Mo

20. FILED Oct 10 1939 Mrs Lloyd Baker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1939

22. I HEREBY CERTIFY That I attended deceased from Sept 25 1939 to Sept 25 1939

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Coronary thrombosis
Heart trouble
 1938

Name of operation _____ Date of _____
 What test confirmed diagnosis? Altered 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? on R.R. Santa Fe
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 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) Clayton Overman, M. D.

(Address) New Orleans La

RECEIVED

District Health Officer No. 10

District File Number 10-39-1799

Date Filed OCT 12 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,

Clyde M. Callum

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Clyde M. Callum

Licensed Embalmer No. 3226

P. O. Address Clones, Mo.

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.