

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.

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OCT 20 1939

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

33157
Do not use this space.

1. PLACE OF DEATH 3

(a) County Jerome Registration District No. 655

(b) Township Belmond Primary Registration District No. 4392

(c) City Steele (d) Street No. _____ Registered 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. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 300 Sherill Lynne South

(a) Residence, No. _____ St. Belmond, Iowa (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1939

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
		<u>5</u>	<u>23</u>	

OCCUPATION

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.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Belmond (STATE OR COUNTRY) Iowa

FATHER

13. NAME Esker South

14. BIRTHPLACE (CITY OR TOWN) Jayette (STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME June Obrecht

16. BIRTHPLACE (CITY OR TOWN) Belmond (STATE OR COUNTRY) Iowa

17. INFORMANT Esker South (ADDRESS) Belmond Iowa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belmond DATE Sept 15 39

19. FUNERAL DIRECTOR (NAME) German Trust Co (ADDRESS) Steele Mo

20. FILED Oct 5 1939 S. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1939, to Sept 12 1939

I last saw her alive on Sept 16 1939. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

pneumonia
Ob. mastoiditis

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 AK Chopman (Signed) _____, M. D.
559 (Address) Steele Mo

RECEIVED

District Health Officer No. 3,

District File Number 1039-601

Date Filed 10/9/39

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.