

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

**33297**  
Do not use this space.

DEPT. OF HEALTH  
JUL 16 1939

1. PLACE OF DEATH  
 (a) County Custuman Registration District No. 719  
 (b) Township Caln Primary Registration District No. 5950 Registered No. 14  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (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 613 Russell Mae Gearheart  
 (a) Residence, No. Stahl no. R. 3. D. #2 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>4</u>	<u>2</u>	<u>20</u>	

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) (STATE OR COUNTRY) Custuman Co. Mo.

FATHER  
 13. NAME Vern Gearheart  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lava

MOTHER  
 15. MAIDEN NAME Ethel Newman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Vern Gearheart Stahl, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rose City, Mo. DATE Sept 12 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. O. P. Stahl & Son Unionville, Mo.  
 20. FILED Sept 12 1939 Mamie Martin 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 Sept 9 1939, to Sept 9 1939. I last saw him alive on Sept 9 1939. Death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:  
Crushed Skull & Hemorrhage, incurred by crushing skull in case mill

Other contributory causes of importance:  
By getting head caught in case mill.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? new Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury Sept 9 1939  
 Where did injury occur? Stahl, Mo. Route 2  
 Specify whether injury occurred in industry, in home, or in public place. at home  
 Manner of injury Crushing in case mill  
 Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) J. E. Henson M. D.  
 (Address) Unionville, Missouri

Date of onset  
Sept 9 1939

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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. 10

District File Number 10-39-1691

Date Filed OCT 4 1939

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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 Muel E. Husted

Licensed Embalmer No. 3304

P. O. Address Ammonville, M.

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.