

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

33657
Do not use this space.

OCT 13 1939

1. PLACE OF DEATH

(a) County Boyer Registration District No. 30
 (b) Township Sylvania Primary Registration District No. 4496-6069
 (c) City Perkins (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 520 Jacob K. Song

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

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) Liza Song

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/8/75

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 10 22

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. farming
 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) Indianapolis Ind

FATHER 13. NAME Ernest Song
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER 15. MAIDEN NAME Helen Sanders
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Henry Song Perkins

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Brun DATE 9/2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Desplough & Hubbard Chaffee

20. FILED 10 4, 1939 Richard Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/1, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1938, to _____ date _____, 19____

I last saw him alive on 7/19, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis Date of onset 1938

Other contributory causes of importance: 92k

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? No
 If so, specify _____
 (Signed) J. C. Christie, M. D.
738 (Address) Oran

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. 2,

District File Number 1039-220

Date Filed 10-5

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 Marnie Bueplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.