

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.

NOV 14 1939

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

36163
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 228
(b) Township Jefferson Primary Registration District No. 5461
(c) City R.F.D. (d) Street No. _____
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. R. F. D. Grundy County, Mo. 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

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) (STATE OR COUNTRY) Jefferson Township Grundy County, Mo.

FATHER 13. NAME Ellsworth Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy County

MOTHER 15. MAIDEN NAME Lurana Harper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davies County

17. INFORMANT (ADDRESS) Ellsworth Collins R. F. D. Grundy County, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lock Springs, Mo. DATE June 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hemley Funeral Home Trenton, Mo.

20. FILED 6-4 1939 June D. Jarr Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1939 to June 3, 1939. I last saw h. alive on June 3, 1939. Death is said to have occurred on the date stated above, at 5:45 m. The principal cause of death and related causes of importance were as follows:

Stomach

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? No.
If so, specify _____
(Signed) Wm A Zusan, M. D.
(Address) Trenton Mo

RECEIVED

District Health Officer No. 11;

District File Number 139-1394

Date Filed OCT 27 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.