

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

**36249**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Howell Registration District No. 384  
 (b) Township West Plains Primary Registration District No. SS-35  
 (c) City West Plains, 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. West Plains Mo. St.  (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 fw 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. L. Bradford  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 6 - 1872  
 7. AGE YEARS 67 MONTHS 5 DAYS 1 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Illinois

FATHER 13. NAME W. H. Shewhart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

MOTHER 15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Mrs. Floyd Jiner  
St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Homeland DATE 9-20-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robertson  
West Plains Mo.

20. FILED 10-14-1939 Vida W. SIMONS  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1939

22. I HEREBY CERTIFY, That I attended deceased from 9-8-1939, to 9-17-1939  
 I last saw her alive on 9-17-1939. Death is said to have occurred on the date stated above, at 12:05 P.M.

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

Tumor, Pontoid Gland. Date of onset \_\_\_\_\_  
Marine.  
(Evidently Malignant.)

Other contributory causes of importance: 5 1/2  
Her illness is said to have  
begun with Gall-stone colic  
two weeks before I saw her.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Symptoms. 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? \_\_\_\_\_ (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) R. Sparks, M. D.  
 (Address) West Plains, Mo.

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

50M-9-19-38 I X16893

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.

**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.....

*Paige A. Kobulec*

Registered/Apprentice No.....

RECEIVED  
Working under my personal supervision.

District Health Officer No. 5,

District File Number 139 253

Date Filed 11 2 39

Signed.....

*Paige A. Kobulec*

Licensed Embalmer No. 3435

P. O. Address West Haven, Ct

**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.