

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

36426  
 Do not use this space.

REC'D NOV 7 1939

**1. PLACE OF DEATH**

(a) County: Wagon Registration District No. 416  
 (b) Township: Wahook Primary Registration District No. 5-971 Registered No. ....  
 (c) City: Reeds (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
 (e) Length of residence in city or town where death occurred 79 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. Route 1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Todd  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 17, 1860  
 7. AGE YEARS 79 MONTHS 5 DAYS 23 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 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) Barthage Missouri  
 FATHER 13. NAME Beutrich 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown  
 MOTHER 15. MAIDEN NAME Lucy Landers  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barthage Missouri  
 17. INFORMANT Elmer Johnson (ADDRESS) Route 1 - Reeds, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dickman Cem. DATE Oct 12 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kneel Mortuary Barthage, Mo.  
 20. FILED Oct 11 1939 Mrs Lenna Broadway Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939, to Oct 10, 1939  
 I last saw her alive on Oct 5, 1939 Death is said to have occurred on the date stated above, at 8:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset  
59  
 Other contributory causes of importance:  
Diabetes  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) Lena Broadway, M. D.  
Barthage - Mo. (Address)

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,

*Lucy Kneel Buckwell*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Lucy Kneel Buckwell*

Licensed Embalmer No. *2510*

P. O. Address *Carthage, Miss.*

**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.**