

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

36736
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 663
 (b) Townshp. _____ Primary Registration District No. 1014 Registered No. _____
 (c) City Morehouse (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. da.

2. PRINT FULL NAME

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-24-39

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
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) Morehouse Mo.

FATHER 13. NAME Harald Lacy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morehouse Mo.

MOTHER 15. MAIDEN NAME Alpha L. Brantley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morehouse Mo.

17. INFORMANT (ADDRESS) Harald Lacy Morehouse Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Situation Mo. DATE 10-25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hunter Albritton Situation Mo.

20. FILED Nov-8 1939 Mrs. John Parrish Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1939 to Oct 23 1939

I last saw ~~him~~ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Stillbirth

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____ (Signed) Dr. James I. M. D.

(Address) Morehouse Mo.

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 28 1939

RECEIVED

District Health Officer No. 2,

District File Number 1139-342

Date Filed 11-13

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.