

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should bear in mind the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1870-1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39256

Registration District No. 136

Primary Registration District No. 5194

Registrar's No.

1. PLACE OF DEATH:

(a) County. Carroll
 (b) City or town. De Witt & Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: V
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Carroll
 (c) City or town. De Witt Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th
 year 1939 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 12th Nov. 1939 to Nov 16th 1939
 that I last saw her alive on Nov. 16th 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Edema
 Due to _____
Coronary thrombosis
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration
1 hr
3 days

Major findings:
 Of operations _____
All clinical findings
 Of autopsy none

PHYSICIAN

 Underline the cause to which death should be charged statistically

3. (a) PRINT FULL NAME BUELAH VEATCH 3926

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex. Female 5. Color or race white 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. John 6. (c) Age of husband or wife if alive. 62 years

7. Birth date of deceased. February 23 1894
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 8 23 hr. min.

9. Birthplace. Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation. Housework

11. Industry or business _____

12. Name. Wm Roy

13. Birthplace. Illinois
 (City, town, or county) (State or foreign country)

14. Maiden name. Emmie Owens

15. Birthplace. Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature. Jerald R. Tuttle

(b) Address. Brunswick Mo.

17. (a) Burial (b) Date thereof. Nov. 19-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. De Witt Mo

18. (a) Signature of funeral director. L. Macisel

(b) Address. Brunswick Mo

19. (a) 11/20/39 (b) Alta Henderson
 (Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/6/39

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..... *L. W. Haersal*

Licensed Embalmer No. *822*

P. O. Address *Brunswick, N.*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39256

Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 136
 (b) Township De Witt Primary Registration District No. 2194
 (c) City..... (d) Street No..... St. _____
 (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 Burleigh Seatch

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-23-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
55 26 8 23

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 11, 1940 Alta Henderson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1939

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

I last saw h..... alive on _____, 19____. Death is said to have occurred on the day stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

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?.....
 If so, specify.....

(Signed) Harry E. Natanson, M. D.
 (Address) Bruckman

SUPPLEMENTARY

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