

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

40020
Do not use this space.

1. PLACE OF DEATH
 (a) County JEFFERSON Registration District No. 423
 (b) Township ROCK Primary Registration District No. 5578
 (c) City _____ (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 510 DOROTHY RUTH CHAMP
 (a) Residence, No. BARNHART 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 FEMALE 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 20 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 7
 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) Barnhart, Mo (STATE OR COUNTRY) _____
 FATHER
 13. NAME BEN CHAMP 14. BIRTHPLACE (CITY OR TOWN) mo (STATE OR COUNTRY) _____
 MOTHER
 15. MAIDEN NAME ORA TIMMS 16. BIRTHPLACE (CITY OR TOWN) mo (STATE OR COUNTRY) _____
 17. INFORMANT Mrs. Elmer Mc. GEE (ADDRESS) Barnhart Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Burgess Lumber DATE Nov 28 1939
 19. FUNERAL DIRECTOR (NAME) HEILIGTAG Funeral Home (ADDRESS) Kimmanick mo
 20. FILED Nov 27 1939 Phil J. Wink Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____
By Urgent Duties _____, 19____
 I last saw him _____ live on _____, 19____. Death is said to have occurred on the date stated above, at 6 a. m.
 The principal cause of death and related causes of importance were as follows:
malnutrition
Died from lack of food.
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? Barnhart, mo
 (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) Frank Frazier, Coroner
Festus, mo (Address) _____

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.

DEC 15 1939

504-9-19-39 I X18653

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.....

F. A. Missay....., Registered Apprentice No. *206*
working under my personal supervision.

Signed *Elmer Heiligtag*.....

Licensed Embalmer No. *3571*.....

P. O. Address *Kimmewick Md*.....

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.