

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

Rev. 5-17-39
U.S. GPO

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

Registration District No. 561 Primary Registration District No. 5755-4-92 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Emilley 2
(b) City or town Eldon
(c) Name of hospital or institution: Eldon
(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 _____ (b) County 1
(c) City or town _____
(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.

3. (a) PRINT FULL NAME INFANT 650
3. (b) If veteran, name war no 3. (c) Social Security No. no
4. Sex M 5. Color or race ✓
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 1939
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 1 st
year 39 hour 2 minute 0 A. M.
21. I hereby certify that I attended the deceased from 10 to 31 1939,
that I last saw him alive on 10-31, 1939,
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hr. 1 min.
9. Birthplace Miller Mo
(City, town, or county) (State or foreign country)

Immediate cause of death Premature
Due to unknown
Due to _____
Other conditions (include pregnancy within 3 months of death) 15A

10. Usual occupation T
11. Industry or business T
MOTHER FATHER
12. Name Raymond Green
13. Birthplace Eldon Mo
(City, town, or county) (State or foreign country)
14. Maiden name Nona E. Harris
15. Birthplace Marion Co Mo
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Raymond Green
(b) Address Eldon Mo
17. (a) Emilley (b) Date thereof 11 2 1939
(Barial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director Phillip's Home
(b) Address Eldon Mo
19. (a) 11-1-1939 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy no
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. B. Shelton (M. D. or other) 1
Address Eldon Mo Date signed 11-1-39

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

State Health Dept.

County File No. 39-135

Date Filed 12-11-39

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.....

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40257
Do not use this space.

1. PLACE OF DEATH
 (a) County Miller Registration District No. 561
 (b) Township Eldon Primary Registration District No. 4820
 (c) City Eldon (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Infant Green
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF March 1 - 1939
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 - 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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) Miller (STATE OR COUNTRY) Mo

FATHER 13. NAME Raymond Green
 14. BIRTHPLACE (CITY OR TOWN) Eldon (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Noma E. Hanson
 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Raymond Green
Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lucasbury DATE 11-2 1939

19. FUNERAL DIRECTOR (ADDRESS) Phillips Home
Eldon Mo

20. FILED _____ 19 _____ Local Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1939
 22. I HEREBY CERTIFY, That I attended deceased from Stellberg to _____, 19____
 I last saw him Nov 1, 19____ Death is said to have occurred on the date stated above, at 20 m.
 The principal cause of death and related causes of importance were as follows:

Respiration
unknown
 Other contributory causes of importance: _____
 Date of onset _____

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) E. C. Shelton, M. D.
 (Address) Eldon Mo

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