

JAN 17 1940

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

43275
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin 2 Registration District No. 287
 (b) Township Clay Primary Registration District No. 5405 Registered No. 56
 (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

240 Bathene Jane Egill
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luten L. Egill
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-13-1883
 7. AGE YEARS 56 MONTHS 60 DAYS 25 IF LESS THAN 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Hornersville Mo. 1st

FATHER 13. NAME Jim Waster 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Mo. 0

MOTHER 15. MAIDEN NAME Green Phillips 0
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Mo. 0

17. INFORMANT (ADDRESS) Crit Waster Kennel, Inc.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hornersville DATE 12-20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Emerson, Burns Hornersville Mo. 12-20-39

20. FILED 12/20/39 E. J. Pope Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1939, to Dec 18, 1939
 I last saw h. w. alive on Dec 18, 1939 Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 12-14 1939
108

Other contributory causes of importance: Valvular heart disease ?

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? no
 If so, specify Yes, H. Bond M. D.
 (Signed) Hornersville 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.

RECEIVED

District Health Officer No. 3,

District File Number 140 - 77

Date Filed 1/5/40

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.