

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43767

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community Bonheur years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Stell born 201
8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased see 3 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Stell born
hr. min.

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

10. Usual occupation none

11. Industry or business 0

MOTHER FATHER { 12. Name Beaudy Hall Lakeys
18. Birthplace Cedar Co mo
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Anna Lee Reed
15. Birthplace Johnson Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hall Lakeys

(b) Address Warrensburg mo

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director R. R. Phillips

(b) Address Warrensburg mo

19. (a) Dec 3-39 (b) Earl H. Hembert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Johnson
(c) City or town Warrensburg mo
(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. USA born years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month dec day 3
year 1939 hour minute M.

21. I hereby certify that I attended the deceased from Stell born
1939 to dec 3 1939
that I last saw Stell born alive on Stell born
and that death occurred on the date and hour stated above.

Immediate cause of death Stell born
Premature birth 5th
month

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J. R. Phillips (M. D. or other)
Address Warrensburg mo Date signed 12-3-39

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

FORM 1 X 1931

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. 8,
District File Number
Date Filed 11/1/70

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 ^{not}.....
....., Registered Apprentice No.
working under my personal supervision.

Signed S Ray Sweeney
Licensed Embalmer No. 11210
P. O. Address Warrensburg

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.