Duplicate of 43885-39

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

Rev.

43884
Do not use this space.

1. PLACE OF DEATH
(a) County LEWIS Registration District No. 480
(b) Township UNION Primary Registration District No. 5645 Registered No.
(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 6263 STILL BIRTH

(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 13, 1939

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
STILLBIRTH			

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) UNION TWP
(STATE OR COUNTRY) LEWIS, CO. MO

FATHER
13. NAME JAMES BARKER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL

MOTHER
15. MAIDEN NAME OMA LEE BOYER
16. BIRTHPLACE (CITY OR TOWN) LA GRANGE MO
(STATE OR COUNTRY)

17. INFORMANT OMA LEE BARKER
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DISPOSED OF BY FAMILY DATE 19

19. FUNERAL DIRECTOR (NAME)
(ADDRESS)

20. FILED NOV 15 1939 W F Allen
Local Registrar.

Duplicate

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

STILL BIRTH — 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) W F Allen, M. D.
(Address) La Grange Mo

(Licensed Embalmer's Statement on Reverse Side)

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. 10
District File Number 12-31-2228
Date Filed DEC 26 1939

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.