

Dr. Huber

Dec 28 1939

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

44401
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735

(b) Township Shelby Primary Registration District No. 3034 Registered No. 245

(c) City Shelby, Mo (d) Street No. Woodland Hospital 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 3215 "Infant" Switzer

(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 M F

4. COLOR OR RACE WW

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-27-1939

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) (STATE OR COUNTRY) Mo

13. NAME Wayne Switzer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chappin Iowa

15. MAIDEN NAME Rachel Sheppard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville Mo

17. INFORMANT (ADDRESS) Wayne Switzer
Shelby, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lugar Wood DATE 12-28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. J. G. Gannon
Shelby, Mo

20. FILED Dec 28 1939 Leah Williams
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 / 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27 - 1939 to _____, 19____.

I last saw him _____ 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:

"Premature stillborn" Date of onset 6 mos?

Other contributory causes of importance: _____

Name of operation none 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 or avocation? ✓

If so, specify _____

(Signed) Dr. J. G. Gannon M. D.

(Address) Shelby, Mo

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 1-40-167

Date Filed JAN 11 1940

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 XX

....., Registered Apprentice No. XX
working under my personal supervision.

Signed X X X

Licensed Embalmer No. XX

P. O. Address XX X

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.