

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

44805
 Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 810
 (b) Township Jefferson Primary Registration District No. 4488
 (c) City Memphis, Mo. (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

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Hobbs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 9 1867</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>11</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farmer</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penderleton Ky</u>		
13. NAME <u>James Wells</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penderleton Ky</u>		
15. MAIDEN NAME <u>Nancy Beagle</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penderleton Ky</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1939 to Oct 29 1939
 I last saw him alive on Oct 29 1939. Death is said to have occurred on the date stated above, at 9:00 A. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
arteriosclerosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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 _____
 (Signed) A. M. Keethle, M. D.
 (Address) 721 Memphis, Mo.

17. INFORMANT Yuba Wells
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Barber cemetery DATE Oct 31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. Agnew Sons Memphis, Mo.

20. FILED Dec 13 1939 E. E. Parrish
 Local Registrar.

FORM-1-12-38 I X14028

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 Officer No: 10

District File No: 1-40-14

Date Filed JAN 3 1910

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,

Neal Payne

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Neal Payne*

Licensed Embalmer No. 2550

P. O. Address Memphis, Tenn.

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.