

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.

FILED MAR 11 1940

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

5355

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township 0 Primary Registration District No. 1002 Registered No. 580
(c) City Canosbury (d) Street No. 2413 Woodland 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. 2413 Woodland 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 Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wd) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Jonie Hill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 1874
7. AGE YEARS 65 MONTHS 8 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as saw mill, bank, etc. WPA
10. Date deceased last worked at this occupation (month and year) 11/1/40 11. Total time (years) spent in this occupation 5
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
FATHER 13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
MOTHER 15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known
17. INFORMANT (ADDRESS) Jonie Hill
2413 Woodland
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 2-7-1940
19. FUNERAL DIRECTOR (ADDRESS) W. E. Krumm
1905 6th
20. FILED Feb. 7, 1940 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1-40 19____
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him/her 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:
Hypertensive myocardial
arteriosclerosis
with pulmonary edema
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) Russell W. Davis M. D.
(Address) Acme

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____, L. E.
No. _____ or by _____
working under my personal supervision.

Signed _____ Registered Apprentice No. _____
Licensed Embalmer No. 3388

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.)