

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

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.

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

6821
Do not use this space.

FILED MAR 18 1940

1. PLACE OF DEATH

(a) County Hawell Registration District No. 385
(b) Township Hutton Valley Primary Registration District No. 5-537 Registered No.
(c) City Hutton Valley, Mo. (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 5 yrs. ? mos. ? ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 200 Patient Marinda Baze St. Hutton Valley, Mo.
(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 5 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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) Lee County Iowa

FATHER 13. NAME Joe Handley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME MARY Phelps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Edith Peterson Hegtson, Kan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hutton Valley Cemetery DATE 2-18-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) NONE

20. FILED 2-18-1940 Muelh Ferguson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18-1940

22. I HEREBY CERTIFY, That I attended deceased from 2-11-1940, to 2-18-1940

I last saw h. or alive on 2-16-1940 Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 2-10-40

Other contributory causes of importance: 108

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) D. Callihan, M. D.

(Address) Willow Springs, Mo.

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.....

RECEIVED
RECEIVED

District Health Officer No. 3,

District File Number 340 347

Date Filed 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.