

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

7639
 Do not use this space.

1. PLACE OF DEATH

(a) County Pemscot Registration District No. 655
 (b) Township Stark Primary Registration District No. 4292 Registered No. _____
 (c) City or Stark mo. (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. 8 mo. 27 ds. (f) How long in U. S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME

(a) Residence, No. 2611 Vester Ray Wickery St. Stark mo. (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 21-1939</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>8</u>	<u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
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 <u>0</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stark mo.</u>	
	13. NAME <u>Geo W. Wickery</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Plytheville Ark</u>	
	15. MAIDEN NAME <u>Bertha Davis</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lake County Tenn</u>		
17. INFORMANT (ADDRESS) <u>Geo W. Wickery</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Zion</u> DATE <u>1-19</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Half Funeral Home</u> <u>Stark mo. 587</u>		
20. FILED <u>H.B. 1</u> 19 <u>40</u> <u>Stark mo.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-1940

22. I HEREBY CERTIFY, That I attended deceased from 1-15-1940 to 1-17-1940
 I last saw h.l. alive on 1-17-1940 Death is said to have occurred on the date stated above, at 1:00 A.M.
 The principal cause of death and related causes of importance were as follows:
O. Bacillary Dysentery Date of onset 1-7-40
12 1/2
 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? No.
 If so, specify _____
 (Signed) E. L. Taylor M. D.
 (Address) Stark, 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.

14-2-40

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 *Walter M. Day*

Licensed Embalmer No. *4060*

P. O. Address *New Madrid*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.