

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

7663
Do not use this space.

1. PLACE OF DEATH

(a) County Chester Registration District No. 1099
 (b) Township Little Grove Primary Registration District No. 5868 Registered No. _____
 (c) City Wardell 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. 500 Bobbie Joe Keown St. (If nonresident, give city or town and State)
Wardell, Mo (Usual place of abode, if no street address, write county or city)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-16-39</u>		
7. AGE	YEARS	MONTHS
		DAYS
		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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wardell Missouri</u>		
FATHER	13. NAME <u>Johannie Keown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jeferson City Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mona Mae Riley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wantedown Tenn</u>	
17. INFORMANT (ADDRESS) <u>Johannie Keown Wardell Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACES <u>Wardell Mo</u> DATE <u>Feb 20 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wardell Mo</u>		
20. FILED <u>Feb 2 40</u> <u>J. P. Crasay</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1939, to 12-19, 1939
 I last saw h. im. alive on 12-17, 1939. Death is said to have occurred on the date stated above, at 11:40P.
 The principal cause of death and related causes of importance were as follows:
Prematurity
 Date of onset 6:27A

Other contributory causes of importance:
154

Name of operation None Date of _____
 What test confirmed diagnosis? None 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) R. A. Bussberger, M. D.
500 (Address) Wardell, 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.

19-2-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.