

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 MAY 13 1940

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

14433
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township 2 Primary Registration District No. 3007 Registered No. 122
 (c) City Payson Bluff (d) Street No. _____ (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. _____ (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20 1940
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
X X 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dept.
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-40
 22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1940 to 4-22, 1940
 I last saw him alive on 4-21, 1940 Death is said to have occurred on the date stated above, at 12:30 A m.
 The principal cause of death and related causes of importance were as follows:

Premature Birth 6 months
Maternal Convulsions with Eclampsia
 Date of onset _____

Other contributory causes of importance: 12/1

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chrom 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?
 If so, specify _____ (Signed) W. B. Brackman M. D.
 (Address) Payson Bluff Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Payson Bluff Mo
 13. NAME Russell Middleton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dept. Mo
 15. MAIDEN NAME Lawrence Fairchild
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dept. Mo
 17. INFORMANT Russell Middleton (ADDRESS) Dept. Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dept. DATE 4/22 40
 19. FUNERAL DIRECTOR Franklin J. Smith (ADDRESS) Dept. Mo
 20. FILED 4/22 40 Ed. C. Cramer Local Registrar.

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....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)