

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should 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

15847
Do not use this space.

1. PLACE OF DEATH
 (a) County Putnam² Registration District No. 719
 (b) Township Elm⁵ Primary Registration District No. 5950
 (c) City (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME Jennie E. Hake
 (a) Residence, No. Putnam Co. Rural (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
 6A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Hake Dec.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-3-1854
 7. AGE YEARS 85 MONTHS 10 DAYS 22 If LESS than 1 day, hrs. or min.
 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) Ohio 1

FATHER 13. NAME John Burke 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Elizabeth Claypool
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Gussie Byers (ADDRESS) Stahl No. 2, Route 42

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Martinsburg DATE Mar 27 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Winstonsville Mo.

20. FILED April 4 1940 Marine Martin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25 1940
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1940, to March 25 1940
 I last saw her alive on March 22 1940 Death is said to have occurred on the date stated above, at 4 P. M.
 The principal cause of death and related causes of importance were as follows:
 Myocardial infarction + Nephritis
 Date of onset years 10
 Other contributory causes of importance: 121
 Name of operation Date of
 What test confirmed diagnosis? Am Was there an autopsy? No
 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) P. H. Hunt M. D.
 (Address) Coatsville Mo.

RECEIVED

District Health Officer No. 10

District File Number 5-40-941

Date Filed MAY 8 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me,

or by not Embalmed

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

Signed G. O. Husted

Licensed Embalmer No. 2975

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.