

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.

91
MAY 2 1940

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

15905

Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 751
(b) Township Polk Primary Registration District No. 5990
(c) City Wagler (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

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>C</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 5 1940</u>		
7. AGE <u>✓</u>	YEARS <u>✓</u>	MONTHS <u>✓</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>C</u>		9. Industry or business in which work was done, as saw mill, bank, etc. <u>C</u>
10. Date deceased last worked at this occupation (month and year) <u>Mar 5 1940</u>		11. Total time (years) spent in this occupation <u>C</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Wagler Mo</u> (STATE OR COUNTRY)		
13. NAME <u>Wilbur E. Bates</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Simmons Mo</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Edna Wilbur</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Wagler Mo</u> (STATE OR COUNTRY)		
17. INFORMANT <u>W. E. Bates</u> (ADDRESS) <u>Wagler Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wagler Mo</u> DATE <u>3-6-40</u>		
19. FUNERAL DIRECTOR (NAME) <u>W. E. Bates</u> (ADDRESS) <u>Wagler Mo</u>		
20. FILED <u>3/6 1940</u> <u>W. E. Bates</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Mar 5 1940</u>	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 5 1940</u> to <u>Mar 5 1940</u> I last saw him alive on <u>Mar 5 1940</u> Death is said to have occurred on the date stated above, at <u>1 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>premature delivery, 5 mos gestating</u> Other contributory causes of importance: <u>15A</u>	
Name of operation <u>none</u> Date of <u>none</u> What test confirmed diagnosis? <u>history</u> Was there an autopsy? <u>no</u>	
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? <u>no</u> If so, specify _____ (Signed) <u>W. E. Bates</u> M. D. (Address) <u>Wagler Mo</u>	

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.....

RECEIVED

working under my personal supervision.

District Health Officer No. 5,

District File Number 440 493

Date Filed 11 24 40

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.