

MAY 15 1940

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

16257
Do not use this space.

1. PLACE OF DEATH
(a) County Deer Registration District No. 820
(b) Township Lysana Primary Registration District No. 4496
(c) City _____ (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 Quillan Bernard
(a) Residence, No. ORAN MO. St.
(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 M 4. COLOR OR RACE W 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) Mar. 29 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 0 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. student
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) Bloomfield (STATE OR COUNTRY) Missouri

FATHER 13. NAME Lacey Bernard

14. BIRTHPLACE (CITY OR TOWN) Hawkins County (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Idus Ellen Edwards

16. BIRTHPLACE (CITY OR TOWN) Bloomfield (STATE OR COUNTRY) Mo.

17. INFORMANT Mother (ADDRESS) ORAN Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harper Cemetery DATE 4-16-40

19. FUNERAL DIRECTOR (NAME) J. S. Heuser (ADDRESS) 929 S. Sherman

20. FILED 6/10 1940 729 J. S. Heuser Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-4-, 1940 to 4-13, 1940

I last saw him alive on 4-13, 1940 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Acute Articular Rheumatism Date of onset 4-4-40
56W

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Edward H. Doest M. D. (Address) Oran, 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.

RECEIVED

District Health Officer No. 2,

District File Number 540-1041

Date Filed 5/14/40

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.