

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.

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

18025

Do not use this space.

## 1. PLACE OF DEATH

(a) County Ballouan Registration District No. 104  
(b) Township 3 Primary Registration District No. 3008 Registered No. 144  
(c) City Jullow (d) Street No. State Hospital no 1 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. 520 Sam E Long Nelson Mrs now State Hosp no 1 St.  Nelson Mo  
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
82 UK UK

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith  
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) Unknown 913. NAME UK14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK 915. MAIDEN NAME UK16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK 917. INFORMANT (ADDRESS) Mrs. Ira King Nelson Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pilot House mo DATE 5/23/40 19.19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ways & Parnter Pilot House mo20. FILED May 23, 1940 R. N. Cruver Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 194022. I HEREBY CERTIFY, That I attended deceased from March 20, 1940, to May 20, 1940I last saw him alive on May 20, 1940. Death is saidto have occurred on the date stated above, at 540 PM

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

Cancer of Prostate

Date of onset

Other contributory causes of importance:

General arterio sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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 James Thomas M. D.(Signed) State Hospital no 1 (Address) Jullow Mo

188. 10<sup>th</sup> St.

**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.....

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

Signed..... *R. L. Painter* .....

Licensed Embalmer No. *4069*

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.**