

FILED JUN 5 1940

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

18181
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 198
 (b) Township Excelsior Springs Primary Registration District No. 3011 Registered No. 88
 (c) City Excelsior Springs (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Unnamed - Premature Infant of Montez Dusenberry

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1940

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3

9. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 10. Industry or business in which work was done, as saw mill, bank, etc. Child
 11. 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) Excelsior Springs Mo.

13. NAME Un/known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Montez Dusenberry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Montez Dusenberry Excelsior Springs Mo 507 Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE May 24 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles Richard Excelsior Springs Mo

20. FILED J-24 1940 Mrs. Bea M. Coakley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 - 1940

22. I HEREBY CERTIFY, That I attended deceased from May 21 - 1940, to May 23 - 1940. I last saw her alive on May 23 - 1940. Death is said to have occurred on the date stated above, at 11 p.m.

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

Premature birth - 6 1/2 months

Date of onset

Other contributory causes of importance: Weakness - underweight & under nourished

Name of operation none 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 _____
 (Signed) Rector V. Dawson, M. D.
 (Address) Excelsior Springs 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. 8,
District File Number
Date Filed 10-11-40

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,

Not embalmed

or by

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

Signed

Claude Guichard

Licensed Embalmer No. *2707*

P. O. Address

Excelsior Springs

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.