

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.

JUN 13 1940

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

19812

Do not use this space.

1. PLACE OF DEATH

(a) County Wagoner Registration District No. 895
(b) Township North Spring Primary Registration District No. 6197
(c) City North Spring (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.

Registered No. 3

2. PRINT FULL NAME

(a) Residence, No. Small Spring (Usual place of abode, if no street address, write county or city) St. Mo. (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-17-1866
7. AGE YEARS 74 MONTHS 1 DAYS 4 If LESS than 1 day, _____ hrs. _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tanner
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) Ellington, Mississippi
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Wash. Maple
Small Spring, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Small Spring DATE 5-23-1940
19. FUNERAL DIRECTOR (ADDRESS) Wash. Maple
Small Spring, Mo.
20. FILED 5-23-1940 Neven Benson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21-1940

22. I HEREBY CERTIFY, That I attended deceased from 5-10-1940, to 5-21-1940

I last saw him alive on 5-10-1940. Death is said to have occurred on the date stated above, at 6-0 m.

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

Chronic Nephritis Date of onset _____

Other contributory causes of importance: Heart Insufficiency

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? No

If so, specify _____

(Signed) T. C. Riley, M. D.

(Address) Indianapolis, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)