

APR 24 1940

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

19821
Do not use this space.

1. PLACE OF DEATH
(a) County Webster Registration District No. 996
(b) Township Oak Primary Registration District No. 6198 Registered No. 20
(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 Albert Medley
(a) Residence, No. Webster Co Mo Poplar 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Medley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1880
7. AGE YEARS 60 MONTHS 3 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
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) Missouri
13. NAME James Medley
14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo Keokuk
15. MAIDEN NAME D. Barnett
16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri
17. INFORMANT (ADDRESS) E. J. Harrison
Seaman R. S. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Deerfield DATE Apr. 11, 1940
19. FUNERAL DIRECTOR (NAME) Wagon Funeral Service (ADDRESS) Marionville Mo
20. FILED May 16, 1940 Elizabeth Hoff Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9, 1940
22. I HEREBY CERTIFY, That I attended deceased from April 1, 1940, to April 9, 1940
I last saw him alive on April 7, 1940 Death is said to have occurred on the date stated above, at _____ P. M.
The principal cause of death and related causes of importance were as follows:
epoplexy
Cerebral Hemorrhage
Other contributory causes of importance: g.f.d.
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 _____ (Signed) W. F. Schmitt, M. D.
g.f.d. (Address) Marionville 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: 6,

District File Number 640-1446

Date Filed JUN 21 1940

June 21, 1940

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.