

AUG 23 1946

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

26571

Do not use this space.

1. PLACE OF DEATH

(a) County North Registration District No. 905
 (b) Township Allen Primary Registration District No. 6216
 (c) City Denver (d) Street No. _____
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Denver, 1110 St. 1110
 (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 Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 1882
 7. AGE YEARS 87 MONTHS 9 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Kenosha, Wis. (STATE OR COUNTRY) 1901

13. NAME Laurence Dry

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) 1

15. MAIDEN NAME Margaret McElvain

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) 1

17. INFORMANT J. J. Bram (ADDRESS) Denver, 1110

18. BURIAL, CREMATION, OR REMOVAL PLACE Allendale DATE Aug 13 1946

19. FUNERAL DIRECTOR (NAME) Bram Bros (ADDRESS) Denver, 1110

20. FILED Aug 21 1946 A. L. Perry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1946

22. I HEREBY CERTIFY, That I attended deceased from May 1940, to Aug 12 1946

I last saw him alive on July 18 1940. Death is said to have occurred on the date stated above, at 8:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset ?

Other contributory causes of importance:

Arteriosclerosis

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? N

If so, specify None

(Signed) A. L. Perry M.D.

(Address) Denver, Mo.

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.