

AUG 16 1940

SEP 19 1940

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

28205
Do not use this space.

1. PLACE OF DEATH

(a) County CARTER
(b) Township Clinton
(c) City VAN-BUREN

Registration District No. 143
Primary Registration District No. 5205

Registered No.

(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

(a) Residence, No. 535 MYRA CAMDEN
VAN BUREN, Mo. St. ☐
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HENRY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 6, 1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
57 3 15

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. Housewife
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) KY.

13. NAME JOHN CHRISTIAN

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

15. MAIDEN NAME BETTY SMITH

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

17. INFORMANT (ADDRESS) BETTY TUBBS
VAN BUREN, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE INDOLTEN DATE 7/22/40
Ellington, Mo

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

20. FILED 7-22- 19 40 J. M. Collins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21-40, 19

22. I HEREBY CERTIFY, That I attended deceased from July 17th, 1940, to 7-21-40, 1940.
I last saw h. er alive on July 21st, 1940. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
resulting from high blood-
pressure-

Other contributory causes of importance: 42W

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) M. D.
(Address) Van Buren, 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.....

J. Allen Davis Jr.

Licensed Embalmer No. *4053*

P. O. Address *Van Buren*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.