

SEP 25 1940

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

29937  
Do not use this space.

1. PLACE OF DEATH -  
(a) County Texas Registration District No. 1171  
(b) Township Jackson Primary Registration District No. 6145  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered 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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME MYRTIE DENSMORE  
(a) Residence, No. Jackson Twp. Texas Co. 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 F 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Densmore  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 - 1874  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 6 6  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Alney Ill.  
FATHER 13. NAME H. W. Ward  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
MOTHER 15. MAIDEN NAME Marie J. Horseman  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alney Ill.  
17. INFORMANT William Densmore (ADDRESS) Raymondville, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Vollmar DATE 8/28 40  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gaylord V. Elliott Houston, Mo.  
20. FILED Sept 2nd 1940 Mrs. Dora Gregory Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1940  
22. I HEREBY CERTIFY, That I attended deceased from July, 1940, to Aug 26, 1940  
I last saw W. alive on Aug 27, 1940. Death is said to have occurred on the date stated above, at 5 a. m.  
The principal cause of death and related causes of importance were as follows:  
Ends Carditis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: Nephritis Chronic  
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? No  
If so, specify \_\_\_\_\_  
(Signed) Leslie Paulsen M. D.  
781 (Address) Licking 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. 5,

District File Number 940940

Date Filed \_\_\_\_\_

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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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, TX

**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.**