

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.

MIB NOV 25 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36514
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 820
 (b) Township Stevanna Primary Registration District No. 4496
 (c) City Oran (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. _____

2. PRINT FULL NAME

(a) Residence, No. Oran, 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/28/17

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 2 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. WPA
 9. Industry or business in which work was done, as saw mill, bank, etc. sewing room
 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) Oran, Mo.

13. NAME Lucy Akley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oran, Mo.

15. MAIDEN NAME Minnie Shoulders
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oran, Mo.

17. INFORMANT (ADDRESS) Minnie Akley
Oran, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friend Cem. DATE 10/31/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. J. Heinert & Co.
Oran, Mo.

20. FILED 10/5 1940 J. J. Schuman
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29-1940

22. I HEREBY CERTIFY, That I attended deceased from on 10/29, 1940, to 10/29, 1940.

I last saw him alive on 10/29/1940 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:

Suicide by poison (probably Dypsol)
 Date of onset 10/29/40

Other contributory causes of importance: 163

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? suicide Date of injury 10/29/1940

Where did injury occur? Oran, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. B. Clinch, M. D.

(Address) Oran, Mo.

RECEIVED

District Health Officer No. 2,

District File Number 1140-1641

Date Filed 11/6/40

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.