

FILED DEC 11 1940

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

38850  
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 392  
(b) Township Pilot Knob Primary Registration District No. 4281 Registered No. 12  
(c) City Pilot Knob (d) Street No. \_\_\_\_\_ St.  
(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

David Usher  
(a) Residence, No. Pilot Knob, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Ann Usher 55  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20 - 1954  
7. AGE YEARS 85 MONTHS 7 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
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) Bolingbroke, Mo.

FATHER 13. NAME Moses Usher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Knob, Mo.

MOTHER 15. MAIDEN NAME Mary Ann Harper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas, Mo.

17. INFORMANT (ADDRESS) Margaret L. Usher, Pilot Knob, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Church of Pilots DATE Nov. 24, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Spencer Columbus, Mo.

20. FILED Nov 28, 1940 L. J. Offinger, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 1938 to Nov 23, 1940  
I last saw him alive on Nov 9, 1940. Death is said to have occurred on the date stated above, at 6:15 m.  
The principal cause of death and related causes of importance were as follows:

Arterial Sclerosis, general Date of onset 1930  
Other contributory causes of importance: an

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

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) Ben W. Bull M. D.  
\_\_\_\_\_  
(Address) Princeton, 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

**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.**

8/4/01