

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.

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

FILED DEC 10 1940  
38910  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jasper Registration District No. 4.11  
 (b) Township Jasper Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Jasper (d) Street No. 1116 Connor 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 John Murphy Deason  
 (a) Residence, No. 1116 Connor St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lura Deason  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 1882  
 7. AGE YEARS 58 MONTHS 4 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) Rocky Comfort (STATE OR COUNTRY) Missouri  
 FATHER 13. NAME Lemuel G. Brown  
 14. BIRTHPLACE (CITY OR TOWN) Rocky Comfort (STATE OR COUNTRY) Missouri  
 MOTHER 15. MAIDEN NAME Isabelle Love  
 16. BIRTHPLACE (CITY OR TOWN) Rocky Comfort (STATE OR COUNTRY) Missouri  
 17. INFORMANT (ADDRESS) Clara Brown  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Comfort DATE Nov 29 1940  
 19. FUNERAL DIRECTOR (NAME) Walt City Hall (ADDRESS) Walt City Hall  
 20. FILED 11-26 40 E. J. Janner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1940  
 22. I HEREBY CERTIFY That I attended deceased from Jan 10 1940 to Nov 26 1940  
 I saw him alive on Nov 25 1940 Death is said to have occurred on the date stated above, at 7:40 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cardiovascular disease Date of onset 7/40  
 Other contributory causes of importance: 95%  
 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) H. C. C. C. M. D.  
39 (Address) Jasper 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 myself

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3922

P. O. Address Webb City, Mo.

**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.**