

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

34572

Do not use this space.

1. PLACE OF DEATH

(a) County WentzRegistration District No. 100(b) Township WentzPrimary Registration District No. 5392(c) City Amitt

(d) Street No. _____ St. _____

(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. _____ 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 m. 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marathy Black6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 19117. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 32 1 16OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Bus Driver 9. Industry or business in which work was done, as saw mill, bank, etc. Driver 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) Amitt moFATHER 13. NAME Ed. Black14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentz moMOTHER 15. MAIDEN NAME Marsey muller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo17. INFORMANT (ADDRESS) Mrs. Marathy Black18. BURIAL, CREMATION, OR REMOVAL PLACE Amitt DATE Oct. 26, 194319. FUNERAL DIRECTOR (ADDRESS) Reel20. FILED 10/26 1943 Jas. O. McLeod Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 194322. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1943 to Oct 27, 1943 I last saw him alive on Oct 28, 1943 Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:Henarogic cells Date of onset _____Other contributory causes of importance: schilus 61

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) L. H. Ruchel, M. D. (Address) L. H. Ruchel

RECEIVED

District Health Officer No. 5,

District File Number 1143648

Date Filed 11-6-42

OCT 1 1949

AUG 2. 6 1953

STATEMENT BY LICENSED EMBALMER

I, S. L. V. Jones, Licensed Embalmer No. 3394

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed S. L. V. Jones

Licensed Embalmer No. 3394

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.)