

REC'D MAY 16 1938

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

16130  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Washington Registration District No. 1103  
 (b) Township Jackson Primary Registration District No. 0180 Registered No. 1  
 (c) City..... (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 Prissa McEulack  
 (a) Residence, No..... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) mar 7 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
<u>94</u>		<u>1</u>	<u>1</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret  
 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) Jefferson Mo

FATHER  
 13. NAME Joshua McEulack  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Mo

MOTHER  
 15. MAIDEN NAME Lucy Wedeman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Mo

17. INFORMANT Celestia Northcut Bonetter  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Pelgrims Rest DATE April 9 1938

19. FUNERAL DIRECTOR Starks  
 (ADDRESS) Palace mo

20. FILED April 30 1938 J O Hannon  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov - 4, 1937, to April 8, 1938  
 I last saw her alive on Nov. 4, 1937. Death is said to have occurred on the date stated above, at 2 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic nephritis  
Chronic myocarditis  
 Date of onset 131

Other contributory causes of importance:

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 Joseph L. Hurman, M. D.  
 (Signed) Palace, Mo.  
 (Address)

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

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.....

Licensed Embalmer No. ....

**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.)**