

REC'D MAR 15 1939

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

6636
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township Clinton Primary Registration District No. 3068
 (c) City Clinton (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

(a) Residence, No. 113 West Henry 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18-39

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Unknown

I last saw h. w. dead body Feb 18 1939 Death is said to have occurred on the date stated above, at 5:30 PM
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, assawyer, bookkeeper, etc. Unknown
 9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Carcinoma of left orbit
Did not take any
an antibiotic therapy
 Date of onset unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Other contributory causes of importance: 53'

FATHER 13. NAME Unknown

Name of operation none Date of _____
 What test confirmed diagnosis Resection Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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)

MOTHER 15. MAIDEN NAME Unknown

Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury none
 Nature of injury _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Unknown

18. BURIAL, CREMATION, OR REMOVAL None DATE 2-22-39

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) S B Hughes M. D.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edith Williams
Clinton Mo

20. FILED 2-27 1939 Dr J R Hampton Local Registrar. 31

(Address) Clinton Mo
Canon Henry County

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-336

Date Filed 3-3-39

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.....

Fred Wellkuser

Licensed Embalmer No. 2478

P. O. Address Clinton 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

6636
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township Clinton Primary Registration District No. 3018 Registered No.
(c) City Clinton (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

Charles Agee
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mk

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19...

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

I last saw h. alive on, 19... 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:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 83

Other contributory causes of importance:

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

Date of onset
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19... Local Registrar.

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) A. B. Hughes, M. D.
(Address) Coe, Clinton mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

