

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

6736
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 347
 (b) Township 3 Primary Registration District No. 3018 Registered No. _____
 (c) City Clinton (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 John Phillip Cecil
 (a) Residence, No. 111 S 1st St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Effie Gray Cecil
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1855
 7. AGE YEARS 84 MONTHS 1 DAYS 14 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. farmer
 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) Henry Co Mo

FATHER
 13. NAME Phillip Wilson Cecil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) vir 1

MOTHER
 15. MAIDEN NAME Mary Ann Duncan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 1

17. INFORMANT (ADDRESS) Mrs J. P. Cecil Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 2-9 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) CONSAUSCHBEK Clinton Mo

20. FILED 2-19 1940 J. R. Huxton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936 to _____, 1940
 I last saw him alive on Feb 7, 1940 Death is said to have occurred on the date stated above, at 3 P m.
 The principal cause of death and related causes of importance were as follows:

Uremia due to chronic vascular nephritis Date of onset unknown

Other contributory causes of importance: Swollen arteries - sclerosis unknown

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) S. B. Hughes M. D.
 (Address) Clinton Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

RECEIVED
District Health Officer No. 7,
3-40-400
District File Number 3-5-110
Date Filed

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

J. E. Gonzalez
1891

Licensed Embalmer No. _____

R.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.