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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

State Mo.
County Monroe
25777
City California
Do not use this space.
Registered No. 44

1. PLACE OF DEATH

(a) County Monroe
(b) ~~Township~~ Walter
(c) City California

2
0 Registration District No. 571
Primary Registration District No. 4335

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
St. _____
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2000 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1940
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

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) California Mo.

13. NAME Char. H. Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McBride Mo.

15. MAIDEN NAME Mary Garrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairie Home Mo.

17. INFORMANT Charles Harold Reed (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE July 13 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Wilson & Son California, Mo.

20. FILED 7-16- 1940 H. P. Popeloy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13- 1940

22. I HEREBY CERTIFY, That I attended deceased from 7-13- 1940 to 7-13- 1940

I last saw her alive on 7-13- 1940 Death is said to have occurred on the date stated above, at 6 PM m.

The principal cause of death and related causes of importance were as follows:

Premature Birth
6 1/2 months
Cause Unknown

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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? No
If so, specify _____

(Signed) H. P. Popeloy M. D.
(Address) California 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. 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.