MISSOURI STATE BOARD OF HEALTH FILED OCT 16 1940 BUREAU OF VITAL STATISTICS 32607 stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. CERTIFICATE OF DEATH 1. PLACE OF DEATH Do not use this space. County M. O Primary Registration District No. 5769 (c) City (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? (e) Length of residence in city or town where death occupred (If nonresident, give city or town and State) (Usual place of abode, if no street address, write county or city) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCUD **HUSBAND OF** (OR) WIFE OF AGE should be classified. Exact 6. DATE OF BIRTH (MONTH, 6AY, AND YEAR) to have occurred on the date stated above, at.... MONTH The principal cause of death and related causes of importance were as follows: 7. AGE YEARS If LESS than 1 DAYS 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 11. Total time (years) this occupation (month and spent in this year)..... occupation.... Other contributors sauses of importance: 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Every Rem of unformation should be OF DEATH in plain terms, so that 14. BIRTHPLACE (CITY OR TOWN) .... Name of operation Date of Date ( STATE OR COUNTRY) What test confirmed diagnosis?..... Was there an autopsy?...... 23. If death was due to external causes (violence), fill in also the following: 15, MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) Where did injury occur? (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT.... (ADDRESS) Nature of injury..... 19. FUNERAL DIRECTOR (N (ADDRESS) cal Registrar (Licensed Embalmer's Sixtement on Reverse Side)

MARCH

## STATEMENT BY LICENSED EMBALMER

		•
I hereby certify that the body	whose name is recorded on the reve	erse side of this certificate was embalmed by me, or by
	\$1	, Registered Apprentice No
working under my personal superv	vision.	
	1	HE Free Singles

Licensed Embalmer No. 285

P. O. Address California

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWINTING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH State File No. 3 2607 STANDARD CERTIFICATE OF DEATH DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS Registration District No... Primary Registration District No. 2. Registrar's No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: PERMANENT RECOI (c) Name of hospital or institution: (If outside city or town limits write "RURAL") (If not in hospital or institution, write street number or location) (d) Street No..... (d) Length of stay: In hospital or institution..... In this community..... years, months or days) (e) If foreign born, how ] 3. (c) Social Security 3. (b) If veteran. INK-MAKE name war..... No..... 21. I hereby certify that I attended the deceased from..... 5. Color or 6, (a) Single, widowed, marrid that death occurred on Madate and hour stated above. 6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if BLACK 7. Birth date of deceased......(Month) (Day) 8. AGE: Months If less than of UNFADING Days 9. Birthplace..... 10. Usual occupation..... 11. Industry or business. Or operations Of autopey..... ( 14. Maiden name..... 15. Birthplace..... 22. If death was due to external causes, fill in the following> (State or foreign country) (a) Accident, suicide, or hymicide (specify). 16. (a) Informant..... (b) Date of occurrence. [.W. (b) Address..... (b) Date thereof......(Month) (Day) (Year) (c) Where did injury occur? (City or town) (Burial, cremation, or removal) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation ... (Specify type of place) 18. (a) Signature of funeral director..... (e) Means of injury. (b) Address..... 19. (a) \_\_\_\_\_\_\_(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline which death

