

REC'D AUG 25 1938

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

25955  
Do not use this space.

1. PLACE OF DEATH

(a) County Monteau  
(b) Township Walster  
(c) City Walster

Registration District No. 571  
Primary Registration District No. 5769

Registered No. 43

(d) Street No. 616  
(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. 616 St. Walster  
(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 Male  
4. COLOR OR RACE W.  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-38  
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) Monteau Co Mo

13. NAME Arthur R. Crawford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo

15. MAIDEN NAME Mary Anna Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co

17. INFORMANT (ADDRESS) Arthur R Crawford

18. BURIAL, CREMATION, OR REMOVAL PLACE Springton Cem DATE 7/11/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William D Erdmeyer

20. FILED 7-11-38 W. R. Popejoy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-38

22. I HEREBY CERTIFY, That I attended deceased from 7-4-38, 1938, to 7-10-38, 1938  
I last saw him alive on 7-10-38, 1938. Death is said to have occurred on the date stated above, at 4:30 p. m.  
The principal cause of death and related causes of importance were as follows:  
Patulous Foramen Ovale

Date of onset 157 C

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1938

Where did injury occur? None (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 None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None  
(Signed) W. R. Popejoy 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.**