

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

50M-5-19-38
1 X16605

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.

MAY 13 1940

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

15515

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 14
(b) Township Quinn Falls Primary Registration District No. 8-1-14
(c) City _____ (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. 620 Eula Mae Doney 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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sheldon Doney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1895
7. AGE YEARS 45 MONTHS 11 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME William Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. J. L. Johnston
(ADDRESS) Exton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE buried DATE Apr. 24, 1940

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

20. FILED May 8, 1940 Mrs. Mabel Barker
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1940 to Apr. 24, 1940

I last saw him alive on Apr. 22, 1940 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Influenza Pneumonia

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. J. Bussard, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 155-16-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 214

Primary Registration District No. 6774

Registrar's No.

1. PLACE OF DEATH:

- (a) County Monticau
(b) City or town Burns Fork T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community.
years, months or days)

3. (a) PRINT FULL NAME

Eula Mae Daisey

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex

7

5. Color or

race W

6. (a) Single, widowed, married,

divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if

alive years

7. Birth date of deceased

May 15

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

44

11

8

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau

(c) City or town Burns Fork Township
(If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month apr day 24

year 1940 hour minute M.

21. I hereby certify that I attended the deceased from

19 to 19

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature J. F. Burke Jr. (M. D. or other)

Address California Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

2