

JAN 15 1937

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

44644  
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 50  
 (b) Township Mt. Pleasant Primary Registration District No. 5074 Registered No. 89  
 (c) City \_\_\_\_\_ (d) Street No. County Home 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. \_\_\_\_\_ 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26 1861

7. AGE YEARS 76 MONTHS 4 Days 1 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. 262  
 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) Don't know 31

FATHER 13. NAME Don't know 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Gregg, Supt of Co. Home  
 (ADDRESS) Rutler mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Dec 28, 1937

19. FUNERAL DIRECTOR Belver  
 (ADDRESS) Rutler mo

20. FILED Dec 28, 1937 Mrs L. Culver  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1937, to Dec. 27, 1937.  
 I last saw her alive on Dec. 26, 1937. Death is said to have occurred on the date stated above, at 1 P m.  
 The principal cause of death and related causes of importance were as follows:

Abcess (lumbar region)  
Probably tubercular  
Acute nephritis  
Due to obstruction  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: No  
Metrol Insufficiency

Name of operation none 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? None 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?  
 If so, specify \_\_\_\_\_  
 (Signed) Q. A. Cook, M. D.  
 (Address) Rutler Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, B. E. Bulver, Licensed Embalmer No. 2576

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed B. E. Bulver

Licensed Embalmer No. 2576

**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.)**