

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

22130
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 4110
 (b) Township Jasper Primary Registration District No. 2002
 (c) City Jasper (d) Street No. St. Johns Hospital Registered No. St. Johns Hospital
 (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. 2615 Sergeant's Life 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 Male
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edenice M. Doss
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1889
 7. AGE YEARS 48 MONTHS 10 DAYS 13 LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) Lanona, Mo

13. NAME Burr O. Doss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville, Mo

15. MAIDEN NAME Mary Wenzel

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

17. INFORMANT (ADDRESS) Family Jasper, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Park No. 15 - 28

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herschel Miller Jasper, Mo

20. FILED 6-15-38 1938 Ed J. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1938

22. I HEREBY CERTIFY That I attended deceased from January 1938 to June 14 1938
 I last saw him alive on June 14 1938 Death is said to have occurred on the date stated above, at 1:30 PM
 The principal cause of death and related causes of importance were as follows:

- Carcinoma of Rectum (no metastases) Date of onset
 - Rectal abscess
- H. P.

- Other contributory causes of importance:
- Cylindrical Tuberculosis (healed) unk.
 - Broncho pneumonia
 - Ophthalmia

Name of operation Colostomy Date of 1-17-38
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) W. H. Doss M. D.
 (Address) 607 Main St. Jasper, 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 with the above constitutes grounds for revocation of license.)

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