

REC'D SEP 16 1938

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

30135
Do not use this space.

1. PLACE OF DEATH
 (a) County Shelby Registration District No. 827
 (b) Township Clay Primary Registration District No. 4500
 (c) City Clarence (d) Street No. _____ Registered No. 13
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number) _____

2. PRINT FULL NAME "Infant" Wayne
 (a) Residence, No. _____ 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 Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 '38
 7. AGE YEARS MONTHS DAYS Steel Barn If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 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 0
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarence Mo
 FATHER 13. NAME Carl Wayne C
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Mo
 MOTHER 15. MAIDEN NAME Pauline May Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina Mo
 17. INFORMANT Carl Wayne
 (ADDRESS) Clarence Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem DATE Aug 31 1938
 19. FUNERAL DIRECTOR Hamilton Und. Co
 (ADDRESS) Clarence Mo
 20. FILED Aug 31 1938 Ray Hamilton
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1938
 22. I HEREBY CERTIFY, That I attended deceased from during birth _____, 19____
 I last saw h. _____ alive on Aug 30 1938 Death is said to have occurred on the date stated above, at 6 P.M.
 The principal cause of death and related causes of importance were as follows:
Congenitally contracted pelvis of mother Date of onset 1920
 Other contributory causes of importance:
Breech extraction Aug 30 1938
 Name of operation Breech extraction Date of Aug 30 1938
 What test confirmed diagnosis? _____ Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? No
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Breech extraction
 Nature of injury Intra Cranial hemorrhage
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) D. L. Hagan _____, M. D.
 (Address) Clarence Mo 751

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-8

Date Filed 9-14-38

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)