

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

31638
 Do not use this space.

REC'D OCT 18 1935

1. PLACE OF DEATH

(a) County Bates Registration District No. 47
 (b) Township Alexander Creek Primary Registration District No. 4027
 (c) City Adrian (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.

Registered No. 20

2. PRINT FULL NAME

Winifred D. Packer 260
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from 9-24-, 1938, to 9-24, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23-1903

I last saw h..... alive on _____, 19..... Death is said to have occurred on the date stated above, at 12:45 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 2 1

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 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 _____

Had never attended deceased for present illness. Said to have been chronic endocarditis, with myocarditis
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Passaic Mo., D

13. NAME John William Packer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Rose Kennedy

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

17. INFORMANT (ADDRESS) A. C. Packer Adrian Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hill DATE Sept 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leath & Siff Adrian

20. FILED Oct 3 1935 Ethel C. Stephens Legal Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? n.o.

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? _____
 If so, specify _____
 (Signed) E. C. Robinson, M. D.
 (Address) Adrian, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-162

Date Filed 10-5-38

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. 3650

P. O. Address Adrian Mo

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.