

REC'D OCT 24 1938

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

32558
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
 (b) Township _____ Primary Registration District No. 4269
 (c) City Lebanon (d) Street No. Qualite Hospital 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

Still Born Child of Floyd & Mollie Sherer
 (a) Residence, No. Lebanon R. 2 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1938

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo.

FATHER 13. NAME Floyd Sherer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Mo.

MOTHER 15. MAIDEN NAME Mollie McDaniel

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

17. INFORMANT (ADDRESS) Floyd Sherer Lebanon Mo. R. 2.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deacon Cemetery DATE Sept 18 1938

19. FUNERAL DIRECTOR (ADDRESS) Patricia Lebanon Mo.

20. FILED 9-20-1938 J. A. McCoub Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1938, to Sept 18, 1938

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Stillborn

Date of onset

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?

If so, specify (Signed) D. T. Thompson, M. D.

(Address) Lebanon 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.

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RECEIVED

District Health Officer No. 7,

District File Number 7-38-203

Date Filed 10-8-38

STATEMENT BY LICENSED EMBALMER

I, was not embalmed,....., 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.)