

REC'D NOV 21 1938

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

35765
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 321
(b) Township Washington Primary Registration District No. 5445 Registered No. 62
(c) City Near Rogersville (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.

2. PRINT FULL NAME

(a) Residence, No. 620 Margaret Ann Park
Rogersville, Mo. Rt. 1 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 (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. M. Park

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1844

7. AGE YEARS 89 MONTHS 5 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Polk County

FATHER 13. NAME Francis Wilson

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

MOTHER 15. MAIDEN NAME Lucinda East

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

17. INFORMANT (ADDRESS) Kate Edging
Rogersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pembina DATE Oct. 23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) B. G. Klepper
Clark, Mo.

20. FILED Nov. 8 1938 Mrs. Paul Hughes Mitchell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938, to Oct 20 1938

I last saw him _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 1:00 P. m.

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

Apoplexy
2 1/2

Date of onset

10 Days

Other contributory causes of importance:

Arterio Sclerosis 2 mo?

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) B. G. Klepper, M. D.

(Address) Rogersville 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,

B. L. Klepper, or by *Forest Klepper*
Registered Apprentice No. *143*, working under my personal supervision.

Signed.....

Licensed Embalmer No. *Mo. 2178*

P. O. Address *Ozark, 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.