

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.

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

36565
Do not use this space.

1. PLACE OF DEATH

(a) County PLATTE.. Registration District No. 695
 (b) Township PETTIS. Primary Registration District No. 5922
 (c) City PARKVILLE. (d) Street No. _____ Registered No. _____
 (e) Length of residence in city or town where death occurred II yrs. mos. da. (f) How long in U. S., if of foreign birth? 30 yrs. mos. da.

2. PRINT FULL NAME JULES DeHAEMERS.

(a) Residence, No. PARKVILLE, 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 BELGIUM. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MATILDA, BRION.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE. 20. 1883.
 7. AGE YEARS 55 MONTHS 4 DAYS 5 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. FARMER.
 10. Date deceased last worked at this occupation (month and year) OCT. 20. 1938. 11. Total time (years) spent in this occupation LIFE,

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BELGIUM. 7

FATHER 13. NAME ROBERT. DeHAEMERS. 7
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BELGIUM. 7

MOTHER 15. MAIDEN NAME ROSA. LEE COOL. 7

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

17. INFORMANT (ADDRESS) MAURICE, DeHAEMERS.
PARKVILLE, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE SHAWNEE, KAN. DATE OCT. 27. 38

19. FUNERAL DIRECTOR (ADDRESS) LELAND H. FRANCIS.
PARKVILLE, MO.

20. FILED 11-10 38 J. P. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25. 1938
 I HEREBY CERTIFY, That I attended deceased from Oct 27. to Oct 25. 38
 I last saw him live on Oct 25. 38 1938 Death is said to have occurred on the date stated above, at 12 30 A.M.

The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Chronic Myocardial Infarction
Generalized Arteriosclerosis
 Date of onset Oct 1937
 Other contributory causes of importance: 9410

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? NO
 If so, specify _____
 (Signed) Medenwood, M. D.
 (Address) Parisville, Mo.

STATEMENT BY LICENSED EMBALMER

I, Leland H Francis, Licensed Embalmer No. 3451

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Leland H Francis

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.)