

1938 NOV 25 1938

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

37054
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 565
(b) Township Shelby Primary Registration District No. 6149 Registered No. _____
(c) City _____ (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. _____ 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Paul

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1918
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 4 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
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) Oct. 17, 1938 11. Total time (years) spent in this occupation 1 1/3

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

13. NAME John Lewis

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

15. MAIDEN NAME Little Walker

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

17. INFANT (ADDRESS) Arthur Paul

18. BURIAL, CREMATION, OR REMOVAL PLACE Trout Cem. Phelps Co. DATE Oct 18, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Neighbors
Picking & Blapping Rose

20. FILED 10-18-38 H. S. Reed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Oct 17, 1938
I last saw him alive on Oct 17, 1938 Death is said to have occurred on the date stated above, at 7:55 a.m.
The principal cause of death and related causes of importance were as follows:

appendicitis
Malaraea
Other contributory causes of importance: _____
Date of onset _____

Name of operation Small Date of _____
What test confirmed diagnosis? Small 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? _____ (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) Liskind, M. D.
(Address) Licking 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.

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.....

P. O. Address.....

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.