

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.

DEC 1 9 1938

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

39426
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 407
 (b) Township Centerville Primary Registration District No. 4241 Registered No. _____
 (c) City Centerville (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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. 462 N. Fountain 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1934

7. AGE YEARS 4 MONTHS 6 DAYS 2 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. Child
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Centerville
 (STATE OR COUNTRY) Missouri

13. NAME Burton Clark

14. BIRTHPLACE (CITY OR TOWN) Parsons
 (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Dorothy Grzo

16. BIRTHPLACE (CITY OR TOWN) Festus
 (STATE OR COUNTRY) Missouri

17. INFORMANT (NAME) Burton Clark
 (ADDRESS) Centerville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Turcell Cem. DATE 11/5 1938

19. FUNERAL DIRECTOR (NAME) Metz City Ind. Co.
 (ADDRESS) Metz City, Mo.

20. FILED Nov. 5, 1938 J. W. Clark
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov-2, 1938, to Nov 3, 1938

I last saw him alive on Nov 3, 1938 Death is said

to have occurred on the date stated above, at 11:00 a.m.

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

acute mastoiditis
gaf
 Other contributory causes of importance:
middle ear infection
 Date of onset

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) M.D. Blauvelt

(Address) 203 W. Douglas

RECEIVED

District Health Officer No. 6,

District File Number 6-38-680

Date Filed DEC 7 1938

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, myself

or by

Registered Apprentice No....., working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3922

P. O. Address Webb City, 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.