

1938

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

42188  
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26  
(b) Township \_\_\_\_\_ Primary Registration District No. 3002 Registered No. 158  
(c) City Myrtle Mo (d) Street No. Audrain 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. 1 mo 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. St. Louis 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophronia Thomas  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 78

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tanner  
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) Hawville Mo

FATHER 13. NAME Chas Thomas

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

MOTHER 15. MAIDEN NAME Julia Powell

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

17. INFORMANT (ADDRESS) Chas Thomas 206 New Thomas Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory DATE 1-2-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Jolley

20. FILED Dec 17 1938 St. Louis Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-2-1938 to Dec 15 1938  
I last saw him alive on Dec 15 1938 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:

Genere Carcinomatosis  
51  
Other contributory causes of importance: Carcinoma prostatic

Name of operation Suprapubic Date of Nov 14 1938  
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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 Frank Jolley, M. D.  
(Signed) Frank Jolley (Address) Merxer 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. 10

District File Number 10-38-841

Date Filed 11/17/39

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, Wm. H. Kirk

16 day Dec 19 39, or by

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

Signed Wm. H. Kirk

Licensed Embalmer No. 1484

P. O. Address Montgomery City 740

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.