

REC'D JAN 13 1939

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

42528  
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway 3 Registration District No. 104  
(b) Township Salton 1 Primary Registration District No. 3008 Registered No. 323  
(c) City Salton (d) Street No. State High #1 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. Hurdland mo 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Reaugh  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1861  
7. AGE YEARS 78 MONTHS 2 DAYS 6 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. Nil  
10. Date deceased last worked at this occupation (month and year) ..... (Time (years) spent in this occupation)  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
13. NAME Clay Prentiss  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.  
15. MAIDEN NAME Blank  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.  
17. INFORMANT (ADDRESS) Husband - Hospital Record  
18. BURIAL, CREMATION, OR REMOVAL PLACE Hurdland mo DATE Dec 31 1938  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Coates Jr  
Hurdland mo  
20. FILED Dec 30 1939 R. N. Crewe  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1938  
22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938 to Dec 30, 1938  
I last saw her alive on Dec 29, 1938 Death is said to have occurred on the date stated above, at 9:05 a.m.  
The principal cause of death and related causes of importance were as follows:  
Arterio-Sclerotic Heart Disease  
Coronary Sclerosis  
Other contributory causes of importance: 95%  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clasical 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) C. G. Brascher, M. D.  
(Address) State High #1

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.

WRITE PLAINLY, WITH WRAPPING MATERIAL THIS IS A PERMANENT RECORD

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**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.**