

REC'D FEB 21 1939

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

1585
Do not use this space.

1. PLACE OF DEATH

(a) County BOONE Registration District No. 79
(b) Township BOONHON Primary Registration District No. 4047 Registered No. _____
(c) City STURGEON (d) Street No. _____
(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. 452 Jerry W. Schooling Sturgeon, 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 M. 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 Lorena Schooling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 6 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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) Boone Co. Mo

FATHER 13. NAME Joseph W. Schooling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Elizabeth Jane Hall

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

17. INFORMANT (ADDRESS) Dan Schooling
Clark, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE Feb. 3 1939

19. FUNERAL DIRECTOR (ADDRESS) Barnes & Borths
Sturgeon, Mo.

20. FILED Feb 2 1939 Al Borths Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1939

22. I HEREBY CERTIFY, That I attended deceased from N. W. 1, 1938, to Feb 1, 1939
I last saw him alive on Jan 30, 1939. Death is said to have occurred on the date stated above, at 9:30 A. m.
The principal cause of death and related causes of importance were as follows:

Cancer Bladder
Date of onset _____
51
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Y. N.

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) W. M. Cannon, M. D.
(Address) Sturgeon, 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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STATEMENT BY LICENSED EMBALMER

I, Reuben Barnes, Licensed Embalmer No. 2025

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

.....L. E.

No. or by W. Booth, Registered Apprentice No. 131

working under my personal supervision.

Signed Reuben Barnes

Licensed Embalmer No. 2025

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.)