

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

2647
Do not use this space.

REC'D FEB 23 1939

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 409
 (b) Township Quincy Primary Registration District No. 4242 Registered No. _____
 (c) City Quincy (d) Street No. Quincy Mo. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Quincy, 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11 1939</u>		
7. AGE	YEARS	MONTHS
	X	X
		19
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.		
<u>Child</u>		
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) <u>Quincy Missouri</u>		
13. NAME <u>Guy O. Apple</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy Missouri</u>		
15. MAIDEN NAME <u>Leola Snook</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy Mo.</u>		
17. INFORMANT (ADDRESS) <u>Guy Apple Quincy Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mullen Cem</u> DATE <u>Jan 31 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Mull & Co. Mullen City Mo.</u>		
20. FILED <u>2-1 1939</u> <u>Ed D. Jones</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1939

22. I HEREBY CERTIFY THAT I attended deceased from Jan 27th 1939 to Jan 31 1939
 Last saw him alive on Jan 30 1939. Death is said to have occurred on the date stated above, at 1:40 P. m.
 The principal cause of death and related causes of importance were as follows:
Bronchio Pneumonia
& Embolus
Renorrhage
 Date of onset July 28

Other contributory causes of importance: 1606

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 1939
 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) [Signature] (Address) [Address]

(Licensed Embalmer's Statement on Reverse Side)

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. 6,

District File Number 6-39-271

Date Filed FEB 16 1939

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 conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.