

REC'D FEB 28 1939

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

4073
Do not use this space.

1. PLACE OF DEATH
 (a) County Shelby Registration District No. 830
 (b) Township Lentner Primary Registration District No. 6095 Registered No. 4
 (c) City Lentner (d) Street No. _____ 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. How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Infant of Mrs. Mrs. Clarence Roades
 (a) Residence, No. P. 74, Lentner, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 8 - 1939

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

OCCUPATION 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Lentner, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Clarence Roades
 14. BIRTHPLACE (CITY OR TOWN) Plevna, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Vera L. Turner
 16. BIRTHPLACE (CITY OR TOWN) Shelbyville, Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Clarence Roades, Lentner, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bacon's Chapel DATE 1/9/39

19. FUNERAL DIRECTOR (NAME) Melton & Bristeen (ADDRESS) Shelbyville, Mo.

20. FILED Jan 14 1939 Ruth Jayner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 9 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-8-39, 19... to 1-8-39, 19...
 I last saw him alive on 1-8-39, 19... Death is said to have occurred on the date stated above, at 2 a. m.
 The principal cause of death and related causes of importance were as follows:
Premature
159
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis chancel Was there an autopsy? no.

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) A. M. Stoddard, M. D.
717 (Address) Shelbyville, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-223

Date Filed FEB 8 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 Henry G. Bartelme

Licensed Embalmer No. 3835

P. O. Address Stelbim, W.

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.