

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

MAR 9 1939

5700
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township W.C. No. 1002 Primary Registration District No. 1002 Registered No. 809
 (c) City W.C. No. (d) Street No. R.C. Gen Hosp 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. mo. ds. (f) How long in U. S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME

(a) Residence, No. 2700 Maple 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28-39

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

22. I HEREBY CERTIFY, That I attended deceased from 2-26-39, 19... to 2-28-39, 19...
 I last saw him alive on 2-28-39, 19... Death is said to have occurred on the date stated above, at 12 p.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74

Intestinal obstruction due to Volvulus
 Date of onset 122 p

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada MO

FATHER 13. NAME Nathaniel Sanders
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Reveria Veckel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Regency Club R.C. Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Mar 2, 19...

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quigg & Tobin Co. 20 W. Lenwood

20. FILED 728 1939 M. M. Brown Local Registrar.

Name of operation Date of...
 What test confirmed diagnosis? 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...
 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) J. A. De Marzio M. D. (Address) Gen Hosp R.C. Gen Hosp

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.

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.