

REC'D MAR 13 1939

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

7188
Do not use this space.

1. PLACE OF DEATH
 (a) County Marion Registration District No. 548
 (b) Township _____ Primary Registration District No. 4323 Registered No. _____
 (c) City Palmyra (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Lewis O. Quenham
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1862
 7. AGE YEARS 76 MONTHS 11 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Mayesville Ill.
 13. NAME Nathaniel Quenham
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Polly Kaiser
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis
 17. INFORMANT (ADDRESS) N. S. Dunham
Edina Mo.
 18. BURIAL, CREMATION, OR REMOVAL Near Mayesville
 PLACE Swiggel County STATE Ill. DATE Mar. 11, 1939
 19. FUNERAL DIRECTOR (ADDRESS) A. H. Chambers
Mayesville Mo.
 20. FILED Mar. 10 - 1939 Gertrude Lee
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1939, to Mar. 9, 1939.
 I last saw him alive on Mar. 9, 1939. Death is said to have occurred on the date stated above, at 3:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Pronounced Pneumonia
Influenza
 Date of onset Mar. 7
 Other contributory causes of importance: 110
 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 _____, 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. J. Palmer M.D.
 (Address) Palmyra Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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, A. N. Chambers....., Licensed Embalmer No. 3766

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

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed A. N. Chambers
.....
Licensed Embalmer No. 3766

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.)