

REC'D APR 15 1939

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

11091

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 400  
(b) Township W. 20 S. 5 Primary Registration District No. 15553B Registered No. 78  
(c) City Wellsburg (d) Street No. Jackson State General Hospital 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

(a) Residence, No. 705 Sterling Ave., Sugar Creek, Mo. (If nonresident, give city or town and State)

## 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mollie Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21, 1876</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>5</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>W.P.A.</u>		
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) <u>Blue Springs, Missouri</u>		
13. NAME <u>No record</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boonville, Kentucky</u>		
15. MAIDEN NAME <u>No record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Mollie Smith, 705 Sterling Ave., Sugar Creek, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sid mile ch. DATE <u>March 20, 1939</u></u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>George C. Carson, Independence, Mo.</u>		
20. FILED <u>3/21/39</u> <u>Lawrence B. Barnes</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1939  
22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1939, to 3-17, 1939. I last saw him alive on 3-16, 1939. Death is said to have occurred on the date stated above, at 5: A.M.

The principal cause of death and related causes of importance were as follows:

Arrested respiration Date of onset

Other contributory causes of importance: 92a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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? no  
If so, specify \_\_\_\_\_ (Signed) J. W. Greene, M. D.  
(Address) Independence

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, ....., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**