

MARGIN RESERVED FOR BINDING

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.

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

11254
Do not use this space.

REC'D APR 19 1939

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
(b) Township Warrensburg Primary Registration District No. 3023 Registered No. 36
(c) City Warrensburg (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)
208 Carl C. Chase

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 82 yrs
7. AGE YEARS 82 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
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) Unknown
Unknown

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown

17. INFORMANT (ADDRESS) Unknown
Unknown

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Mar-15-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney Phillips
Warrensburg, Mo.

20. FILED Mar 14 1939 Earl Dentley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-13-1939
22. I HEREBY CERTIFY, That I attended deceased from 3-10-1939 to 3-13-1939
I last saw him alive on 3-12-1939. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Cellulitis of knee
Date of onset 3-10-39
Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2-10-39
Where did injury occur? Warrensburg, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury fall on it knee
Nature of injury abrasion - cellulitis

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) R. F. Sweeney, M. D.
(Address) Warrensburg, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/5/39

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, _____

Earl Priest

_____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg Mo*

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.