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

REG'D APR 21 1939

12526
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard
(b) Township or
(c) City Bell City
Registration District No. 834
Primary Registration District No. 4506
Registered No. 11
(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.
is 211

2. PRINT FULL NAME Francis Simon Congleton
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mattie A Congleton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6, 1858

7. AGE: Years 81 | Months 3 | Days 1 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
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) Mayfield Ky.

FATHER
13. NAME James Congleton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

MOTHER
15. MAIDEN NAME Mary Edna Eden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Ky

17. INFORMANT Mrs. L. Congleton (ADDRESS) Bell City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Carmel Cem. DATE 4/9/39
Merryville Mo

19. FUNERAL DIRECTOR (NAME) Blackburn & Chaffee (ADDRESS) Mo

20. FILED 4/10, 1939 D. S. McGee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1939 to Apr. 7th, 1939
I last saw him alive on 4/7, 1939. Death is said to have occurred on the date stated above, at 12:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
The Infirmities of Age	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? None 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) C. O. Bennett, M. D.
(Address) Bell City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 I X16605

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 Maurice Bingenheimer

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.