

REC'D JUN 8 1939

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

17663
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township W. Kan Primary Registration District No. 1002
(c) City Wasson (d) Street No. 7 C Gen Hosp 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. 707 E 34th 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 32nd 1874

7. AGE YEARS 71 MONTHS 3 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) La Ode
(STATE OR COUNTRY) Missouri

13. NAME Willis Morrow

14. BIRTHPLACE (CITY OR TOWN) no record
(STATE OR COUNTRY)

15. MAIDEN NAME Paula Ann

16. BIRTHPLACE (CITY OR TOWN) no record
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Jemberg
707 East 34th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE July 17, 1939

19. FUNERAL DIRECTOR (NAME) Quigg & Tabin Co
(ADDRESS) 301 W. Howard

20. FILED May 18 1939 Dr. D. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-6 1939, to 5-16, 1939

I last saw h. alive on 5-16, 1939 Death is said

to have occurred on the date stated above, at 5:20 a.m.

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

Semility with a
Terminal Bronche
Pneumonia
Other contributory causes of importance: 10/2

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) P. H. De Maria, M. D.

(Address) Sup. 7 C Gen Hosp

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.