

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

20057
 Do not use this space.

DEAD JUN 24 1939

1. PLACE OF DEATH

(a) County Warren Registration District No. 881
 (b) Township Elkhorn Primary Registration District No. 4354
 (c) City Warrenton, Mo. (d) Street No. _____
 (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 2 yrs. mo. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(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 (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Netta Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1, 1871
 7. AGE YEARS 67 MONTHS 7 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Supervisor
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
 10. Date deceased last worked at this occupation (month and year) Factor on Oct 8 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) John Smith (STATE OR COUNTRY) Not known

FATHER 13. NAME Harrette Sawyer 9

FATHER 14. BIRTHPLACE (CITY OR TOWN) Not known 9 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME _____ 9

MOTHER 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

17. INFORMANT Netta Smith (ADDRESS) Warrenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery City DATE May 25, 1939

19. FUNERAL DIRECTOR (NAME) Frank W. Lightbaker (ADDRESS) Warrenton Mo

20. FILED May 26 1939 Art. Smith Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-7- 1937, to 5-26- 1939

I last saw him alive on 5-26- 1939. Death is said to have occurred on the date stated above, at 9:15 p.m.

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

Chr. Cardio-Vascular - Renal Disease Date of onset 1936
Paralytic Ileus (acute) 1939

Other contributory causes of importance:
Coronary Embolism & Myocarditis 1936
Cerebral Hemorrhage 1936
Cerebral Thrombosis 1933

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?
 If so, specify _____ (Signed) Arthur E. Gorman, M. D.
 (Address) Warrenton, 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.

1 X1695

See affidavit # 197 in memo file

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.....

Fred W. Liepkeberg

Licensed Embalmer No.....

1321

P. O. Address.....

Matthiasville Wis

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.