

JUL 17 1939

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

21824
Do not use this space.

1. PLACE OF DEATH

(a) County Case Registration District No. 148
(b) Township mt Pleasant Primary Registration District No. 5212
(c) City (d) Street No.
(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.

Registered No. 18

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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-19-1939

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Belton mo (STATE OR COUNTRY)

FATHER 13. NAME Marion Shaw 14. BIRTHPLACE (CITY OR TOWN) Oklahoma (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lais Hudson 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Lais Shaw (ADDRESS) Belton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE at home DATE 6-19 1939

19. FUNERAL DIRECTOR Marion Shaw (ADDRESS) acting

20. FILED 6-20 1939 P. M. Miller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1939, to 6-19, 1939

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Hydrocephalus
Still born
birth certificate

Date of onset

Other contributory causes of importance:

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) P. M. Miller, M. D.

(Address) Belton mo 141

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 X12004

157A

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.)