

REC'D JUL 17 1939

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

22342  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jasper Registration District No. 408  
 (b) Township Carthage Primary Registration District No. 3020 Registered No. 125  
 (c) City Carthage (d) Street No. M<sup>c</sup>Caum - Brooks Hospital 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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Orson Needham  
 (a) Residence, No. 214 W. 9th St. 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 Alta Needham  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1882  
 7. AGE YEARS 56 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. operator  
 9. Industry or business in which work was done, as saw mill, bank, etc. gubling station  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from June 14, 1939, to June 30, 1939  
 last saw him alive on June 29, 1939 Death is said to have occurred on the date stated above, at 3A m.  
 The principal cause of death and related causes of importance were as follows:  
Intestinal Obstruction Date of onset 6/13/39  
General Peritonitis  
 Other contributory causes of importance:  
Removal of peritonsils  
 Name of operation hand to 5 found Date of 6/1/39  
 What test confirmed diagnosis? operator Was there an autopsy? yes  
 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) George H. Ward, M. D.  
 (Address) Carthage Mo.

12. BIRTHPLACE (CITY OR TOWN) Jasper County (STATE OR COUNTRY) Missouri  
 FATHER  
 13. NAME John Needham  
 14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)  
 MOTHER  
 15. MAIDEN NAME Alta Gibson  
 16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)  
 17. INFORMANT Marjorie Needham (ADDRESS) 214 W. 9th - Carthage  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary, Ill. DATE July 1, 1939  
 19. FUNERAL DIRECTOR (NAME) Funerary (ADDRESS) Carthage Mo.  
 20. FILED June 30, 1939 8 9 M<sup>c</sup>Intire, M.D. Local Registrar

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.

RECEIVED

District Health Officer No. 6,

District No. 739-1467

Date Filed JUL 13 1939

State Board of Health  
Division of Health  
Baltimore, Md.

**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 P. W. Kinell

Licensed Embalmer No. 814

P. O. Address Carthage, 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.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

22342  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township Carthage Primary Registration District No. 3020 Registered No. \_\_\_\_\_  
(c) City Carthage (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oscar Needham

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 5 4

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19\_\_

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_

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

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

*Intestinal obstruction*  
*General Peritonitis*  
*Meckle's diverticulum which wrapped itself around mesenteric vessels causing complete obstruction. (No malignancy)*  
*Removal of obstruction*  
Date of onset 6/17/37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis operation 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) Geo H. Wood, M. D.

(Address) Carthage Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
N. B.—Every item of information should be carefully supplied. AGE shown is 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.

