

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.

Dys. Clinton  
1939 JUL 17 1939

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

22417

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township Mahon Primary Registration District No. 5562 Registered No. 107  
(c) City Carthage (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Route 2, Carthage St. Mo. (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 Mary Ella Whaley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1866

7. AGE YEARS 73 MONTHS 4 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Madaway Co., Mo. (STATE OR COUNTRY) Missouri

13. NAME John Griffith

14. BIRTHPLACE (CITY OR TOWN) Madaway Co., Mo. (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Alice Sharp

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

17. INFORMANT (ADDRESS) Mrs. St. A. Davis, Route 2, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE June 13, 1939

19. FUNERAL DIRECTOR (NAME) Amie Mortuary (ADDRESS) Carthage, Mo.

20. FILED June 13, 1939 E. J. M. Lister, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-5-, 1939, to 6-10-, 1939

I last saw him alive on 6-9-, 1939 Death is said to have occurred on the date stated above, at 3 a. m.

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

Bronchopneumonia  
Pulmonary edema 6/4/39  
Date of onset

Other contributory causes of importance: Arteriosclerosis

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 \_\_\_\_\_

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) Royd B. Clinton M. D.

(Address) Carthage Mo.

RECEIVED

District Health Officer No. 6,

District File Number 739-1483

Date Filed JUL 13 1939

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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. K. Miller

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.**