

1939 AUG 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26434  
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 651  
(b) Township Waverly Primary Registration District No. 7588  
(c) City Carnersville Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. da. (If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 376 Laurel Whitaker St. \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-5-1891

7. AGE YEARS 48 MONTHS 4 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hand work  
9. Industry or business in which work was done, as saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

13. NAME Joseph Perry

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

15. MAIDEN NAME Jane Bevels

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

17. INFORMANT (ADDRESS) Robert Whitaker Carnersville

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ray Rayon DATE 7-29-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. S. Smith Carnersville

20. FILED July 5 1939 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-1939

22. HEREBY CERTIFY, That I attended deceased from July 10 - 1938, to July 1 - 1939  
I last saw her alive on June 17 - 1939. Death is said to have occurred on the date stated above, at 10 P. M.  
The principal cause of death and related causes of importance were as follows:

Cancer of uterus Date of onset 1936

Other contributory causes of importance: 4 5  
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? No  
If so, specify \_\_\_\_\_  
(Signed) J. R. P. Union, M. D.  
Carnersville, Mo.  
585 (Address)

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. 3,

District File Number 839-4

Date Filed 8-7-39

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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.....

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.**