

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.

1718 SEP 6 1939

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

28425  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kennett Primary Registration District No. 1002 Registered No. 89  
 (c) City Kennett Mo. (d) Street No. Memorial 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 1127 1/2 83 Terrace (Usual place of abode, if no street address, write county or city)  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Boy</u>	<b>4. COLOR OR RACE</b> <u>Felipino</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</b> <u>Single</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>8-2-39</u>		
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>
<u>0</u>	<u>0</u>	<u>0</u>
		<b>DAYS</b>
		<u>0</u>
<b>8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.</b>		
<b>9. Industry or business in which work was done, as saw mill, bank, etc.</b> <u>Steel Bone</u>		
<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Kennett Mo.</u>		
<b>FATHER</b>	<b>13. NAME</b> <u>David R. Dominador</u>	
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Manila P. I.</u>	
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Estelle L. Lively</u>	
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Rockford Ills.</u>	
<b>17. INFORMANT (ADDRESS)</b> <u>David R. Dominador</u> <u>1127 1/2 83 St Terrace</u>		
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b> <u>Floral Home</u> DATE <u>8/2/39</u>		
<b>19. FUNERAL DIRECTOR (NAME) (ADDRESS)</b> <u>Dr. Miss F. Home</u> <u>3146 Main St.</u>		
<b>20. FILE NO.</b> <u>83</u> 19 <u>39</u> <u>M. M. Brown</u> <u>Local Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 8-2-1939

**22. I HEREBY CERTIFY** That I attended deceased from stillbirth, 1939 to 1939, 1939.  
 I last saw h. stillborn alive on 8-2-1939, 1939. Death is said to have occurred on the date stated above, at 10:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
intra uterine asphyxia

**Other contributory causes of importance:**

**Name of operation** Two forces Date of 8-2-39  
**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** \_\_\_\_\_, 1939  
**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) Harry B. Jones, M. D.  
 (Address) 1814 Chestnut St.

*Dr. J. J. J.*

*219224*

*#814 Professional*  
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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.**