REC'D SEP 12 1939

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

28553
Do not use this space.

1. PLACE OF DEATH
(a) County Boone
(b) Township
(c) City Columbia
(d) Street No. Noyes 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.

Registration District No. 73
Primary Registration District No. 3006 Registered No. 161

2. PRINT FULL NAME 254 Baby Boy Misenhelter
(a) Residence, No. 1105 Cherry St 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Stillborn
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5, 1939
7. AGE: YEARS X MONTHS X DAYS X If LESS than 1 day, ... hrs. or 0 min.

OCCUPATION
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. Stillborn
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) Columbia Missouri 0

FATHER
13. NAME John Misenhelter 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri 0

MOTHER
15. MAIDEN NAME Helen Borders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mokane Missouri

17. INFORMANT (ADDRESS) John Misenhelter 1105 Cherry St.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Columbia Cemetery DATE 8/6/ 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. O. Willett Columbia, Mo.
20. FILED 8/8/ 1939 Allis Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1939 to Aug 5, 1939
I last saw h... alive on Stillborn 19... Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:
Stillborn
Premature Separation of Placenta due to Short Cord
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) [signature], M. D.
(Address) Columbia

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK ... 1 X14023

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.

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.