

REC'D SEP 14 1939

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

29422
Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 411
 (b) Township GAVERNA Primary Registration District No. 2002 Registered No. _____
 (c) City Gasler (d) Street No. 1110 N. Florida 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. 1110 N. Florida St. 32 Gasler (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 fern 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. W. Dennen

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4, 1870

8. AGE YEARS 69 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Illinois

FATHER 13. NAME Burdine Carroll
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Sarah Canaday
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT W. B. Dennen
 (ADDRESS) Gasler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE OZARK MEMORIAL DATE 8-17-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gasler Mo

20. FILED 8-19-39 Ed Jesse Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15-39

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1939, to Aug 15, 1939
 I last saw him alive on Aug 15, 1939. Death is said to have occurred on the date stated above, at 9-15 AM
 The principal cause of death and related causes of importance were as follows:

Cerebral occlusion
APC

Other contributory causes of importance:
Chronic myocarditis with decompensation
Pedal edema
Chronic emphysema

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chin. per. 4/30/39 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) Ed Jesse M. D.
 (Address) Gasler Mo

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 File No. for 939-1822

Date Filed SEP 8 1939

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

Henry K. Zwickel

Licensed Embalmer No. 959

P. O. Address

Japan 1100

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.