

REC'D SEP 19 1939

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29505

Do not use this space.

## 1. PLACE OF DEATH

(a) County LacledeRegistration District No. 449

(b) Township

Primary Registration District No. 4269

Registered No.

(c) City Lebanon(d) Street No. Wallace 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. da. 400

(f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No.

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (use the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1st. 1939

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, .....hrs.

or .....min.

Still born

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.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN) Lebanon Mo.  
(STATE OR COUNTRY)

FATHER

13. NAME Floyd Miller14. BIRTHPLACE (CITY OR TOWN) Laclede Co. Mo.  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Edyth Wrinkle16. BIRTHPLACE (CITY OR TOWN) Pulaska Co. Mo.  
(STATE OR COUNTRY)17. INFORMANT Floyd Miller  
(ADDRESS) Sleeper Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hazel Green DATE Aug. 1st. 3919. FUNERAL DIRECTOR (NAME) Palmer s  
(ADDRESS) Lebanon Mo.

20. FILED

S. I. 39 J. A. McCoub  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1st. 1939

22. I HEREBY CERTIFY, That I attended deceased from

8-1, 1939, to 8-1, 1939

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 1.10 P.M.

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

Still born

Date of onset

Other contributory causes of importance:

Impressed cord  
falling on face  
72 hr. labor

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? hw

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? hw

If so, specify.....

(Signed) J. J. Sumner(Address) Lebanon Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. 7,

District File Number 7-394324

Date Filed 9-12-29

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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.**