

SEP 13 1939

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

29732
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 571
(b) Township Hogden Primary Registration District No. 4335
(c) City California (d) Street No. _____ 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.

Registered No. 43

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
2510 Lydia Bell Dexheimer
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17-1865
7. AGE YEARS 76 MONTHS 5 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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 COUNTY) Monroe Co. Mo.

13. NAME Simon Bardwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Olio

15. MAIDEN NAME Locke Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Olio

17. INFORMANT (ADDRESS) Maurie McCannet California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McArdle Mo DATE 8/30/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William H. Freer Imjes California Mo

20. FILED 8-29-39 H.R. Popejoy 504
Legal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28-1939

22. I HEREBY CERTIFY, That I attended deceased from 9-6-1934 to 8-28-1939

I last saw him alive on 8-28-1939. Death is said to have occurred on the date stated above, at 8:25 a.m.

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

Arteriosclerosis
Chronic valvular heart trouble
Date of onset _____
Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Cholesterol 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) H.R. Popejoy, M. D.
(Address) California 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.

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.