

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

CERTIFICATE OF DEATH

33613
Do not use this space.

1. PLACE OF DEATH REC'D OCT 13 1939

(a) County Saline 3 Registration District No. 73968
 (b) Township Marshall 1 Primary Registration District No. 111
 (c) City Marshall 1 (d) Street No. 111 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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kermit Charles
 (a) Residence, No. 642 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20, 1917

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	22	6	1	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Custodial Care

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) Harrison Ark.

FATHER

13. NAME Spurgeon Charles

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

MOTHER

15. MAIDEN NAME Vennie Spurlock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Ark.

17. INFORMANT (ADDRESS) Mo. State School Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. State School DATE Sept 23 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. Short Marshall Mo.

20. FILED 9-23-39 Mary Kent Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1931, to Sept. 21, 1939
 I last saw him alive on Sept. 21, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Fell from a truck in an epileptic seizure approximately 9 A.M. & walked over by truck. Sustained 7 ribs and at 1:30 P.M. from a Pulmonary Hemorrhage

Date of onset 2107

Other contributory causes of importance:

Name of operation..... Date of.....
 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....., 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) M. K. Pope, M. D.
 (Address) Marshall Mo.

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. 8,
10/10/39
Filed

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,

Ronald W. Short

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Ronald W. Short

Licensed Embalmer No. *3757*

P. O. Address *Marshall, Mo*

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.