

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

33788  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Warren Registration District No. 881  
 (b) Township Camp Branch Primary Registration District No. 6175  
 (c) City \_\_\_\_\_ (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.

**2. PRINT FULL NAME**

(a) Residence, No. 463 Elizabeth Clark St.   
New Truxton, Mo. (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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur Clark</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 12, 1862</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>0</u>	DAY <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>			
	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) <u>Jonesburg, Mo.</u>				
FATHER	13. NAME <u>N. L. Bowen</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
MOTHER	15. MAIDEN NAME <u>Lucretia Duckworth</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co., Mo.</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Edw. Pettig</u> <u>New Truxton, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Florence, Mo.</u> DATE <u>Sept. 6, 1939</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>F. W. NIEBURG &amp; SON</u> <u>WARRENTON, MO.</u>				
20. FILED <u>Sept. 6, 1939</u> <u>A. W. Whelton</u> Local Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1939 to Sept 4, 1939.  
 I last saw him alive on Sept 4, 1939. Death is said to have occurred on the date stated above, at 12:10 p.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia (acute)  
multiple fractures of left femur

Date of onset  
Sept 1  
Aug 19

Other contributory causes of importance:  
senility 186 lb

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? accident Date of injury Sept 4, 1939  
 Where did injury occur? at home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury Fracturing of left femur  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) M. W. Alexander, D. O.  
 (Address) Jonesburg 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, John F. Meburg, Licensed Embalmer No. 3897  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed John F. Meburg  
Licensed Embalmer No. 3897

**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.)**