

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

33816  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Wayne Registration District No. 892  
 (b) Township 13 Lake river Primary Registration District No. 6194 Registered No. 18  
 (c) City Tashee Station (d) Street No. \_\_\_\_\_  
 (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. 135 John Supton St.  (If nonresident, give city or town and State)  
Tashee Station Mo  
 (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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Supton  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 - 1883  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 5 21  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Welder  
 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) Tashee Station  
Wayne Co Mo

FATHER 13. NAME Francis Marion Supton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Hightower  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Permo

17. INFORMANT (ADDRESS) John Supton  
Tashee Station Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem DATE Aug 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) N. Z. Phelps  
Caplan, Blue Springs Mo

20. FILED Sept 14, 1939 M. H. Kattie Mc Ghee  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1939, to Aug 26, 1939  
 I last saw him alive on Aug 26, 1939. Death is said to have occurred on the date stated above, at 4:30 p. m.  
 The principal cause of death and related causes of importance were as follows:

Brain Hemorrhage  
Stroke Paralysis  
 Other contributory causes of importance: J. J. W.

Date of onset Aug 25, 1939

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? no 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. no  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Jno F Wagner, M. D.  
 (Address) Greenwood, 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.

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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.**