

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

**36842**

Do not use this space.

REC'D NOV 15 1939

**1. PLACE OF DEATH**

(a) County Wardell Registration District No. 1099  
 (b) Township Littlefield Primary Registration District No. 5868 Registered No. \_\_\_\_\_  
 (c) City Wardell (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. 160 Mile Baby Speer St.  (If nonresident, give city or town and State)  
Wardell, Mo.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-12-39</u>		
7. AGE YEARS	MONTHS	DAYS
<u>1 day</u>		
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 occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wardell Mo.</u>		
13. NAME <u>160 Mile Baby Speer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wardell Mo.</u>		
15. MAIDEN NAME <u>Minnie May Green</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Metwood Ar Kansas</u>		
17. INFORMANT <u>Eddie Green</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wardell Mo</u> DATE <u>9-13-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Francis Wardell</u>		
20. FILED <u>11-3-39</u> <u>J. A. Cressy</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13-39

22. I HEREBY CERTIFY, That I attended deceased from 9-12-39 to 9-12-39  
 I last saw h. (i. m.) alive on 9-12-39 Death is said to have occurred on the date stated above, at 9 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Birth injury - brain injury

Other contributory causes of importance: 160 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? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) R. A. Bussabarger, M. D.  
 (Address) Wardell, 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.

RECEIVED  
District Health Officer No. 3,  
District File Number 1139-67  
Date Filed 11-14-39

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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.**