

DEC 15 1939
Registration District No. 282

Primary Registration District No. 5401

Registrar's No. 27

1. PLACE OF DEATH:
(a) County Dunklin 2011 2
(b) City or town Union "Rural"
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Unnamed Infant 220
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 23 - 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 14 hr. _____ min.

9. Birthplace Campbell - R. 7. D. -
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Herman Litze 0
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Moody
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Herman Litze

(b) Address Campbell - Rt.

17. (a) Burial (b) Date thereof Nov. 24-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield

18. (a) Signature of funeral director none

(b) Address _____

19. (a) Nov. 23-39 (b) E. H. Sanders
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dunklin
(c) City or town Campbell "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1939 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 23
Nov 23, 1939, to Nov 23, 1939;
that I last saw her alive on Nov 23, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Failure of Cardiac
valves to close properly

Due to _____
Due to _____

Other conditions 1570
(Include pregnancy within 3 months of death)

Major findings: 0
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. J. Trullinger (M. D. or other) !
Address Campbell Mo Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 1239-681

Date Filed 12/4/39

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.