

DEC 1 1939

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

41072
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162
 or City Neuada (d) Street No. Main St # 3 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 0 yrs. 0 mos. 6 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 294

2. PRINT FULL NAME

(a) Residence, No. 236 Robt Woster St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-23-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Boiler maker
 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) DK 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Ia

13. NAME DK

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

15. MAIDEN NAME DK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) Harsh. Records
St. Har # 3 Neuada, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE Dec 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home
Neuada, Mo

20. FILED Dec 2, 1939 Allen V. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-1939

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1939, to 12-1, 1939

I last saw him alive on 12/1, 1939 Death is said to have occurred on the date stated above, at 1:15 pm.

The principal cause of death and related causes of importance were as follows:

Bronch pneumonia Date of onset 11/25

Other contributory causes of importance:
Emphysema
Senility
degen. heart disease

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) J. A. Hays M. D.
 (Address) St. Har # 3 Neuada

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. 7,
District File Number 7-29-1631
Date Filed 12-6-29

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.....

Self

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Ralph Thorne

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.