

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

43286
Do not use this space.

Personal *1940* *22 1940*

1. PLACE OF DEATH

(a) County Bundick Registration District No. 288
 (b) Township Independence Primary Registration District No. 5406
 (c) or 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME
200 Elco Check-
 (a) Residence, No. R75-1-Kennett St. (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 Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-7-1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 1 10

OCCUPATION

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. at home
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) Arboret, Mo - O

FATHER

13. NAME John Franklin Check - O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri - O

MOTHER

15. MAIDEN NAME Louise Welber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Opal Mangsd-Kennett, Mo - R-1

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hayes DATE Dec-17-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul Salmon Kennett, Mo

20. FILED 12-20-39 Whelan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-17-1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1939, to Dec 17, 1939.
 I last saw him alive on Dec 17, 1939. Death is said to have occurred on the date stated above, at 3:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Stav Pneumonia
 Date of onset 12/10/39
106

Other contributory causes of importance: _____

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? no
 If so, specify _____
 (Signed) W. W. Bessell M. D.
26 Address Kennett 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

140-782

Date filed

1/16/40

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.....

S. P. Salmon

Licensed Embalmer No.

2556

P. O. Address

Kenneth 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.