

JAN 22 1939

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

43288
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 288
(b) Township Franklin Primary Registration District No. 5406
(c) City or Franklin (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

(a) Residence, No. 630 Doyle Spale Laird St. Franklin (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 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 15 hrs. or min. 4

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) Missouri

13. NAME E. S. Laird

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

15. MAIDEN NAME Alleen Nealey

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

17. INFORMANT (ADDRESS) E. S. Laird

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin DATE Dec 16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Franklin

20. FILED 12-20-39 Franklin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 19 1939

22. I HEREBY CERTIFY, That I attended deceased Dec 6 - 1939, 1939, to Dec 6, 1939

I last saw him alive on Dec 5, 1939 Death is said to have occurred on the date stated above, at 6:42 m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Brain Injury

Date of onset Dec 5 39

Other contributory causes of importance: 160 lb

Prolapsed Lobar

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) Law Resnell, M. D.

(Address) Franklin

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 140-780

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.....

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.