

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

7384
Do not use this space.

1. PLACE OF DEATH
 (a) County Mercer Registration District No. 558
 (b) Township Harrison Primary Registration District No. 5749
 (c) City (d) Street No. Registered No. 7
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Levi Oswalt
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1//16/1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 2

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.
 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

FATHER
 13. NAME Andrew J. Oswalt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
 15. MAIDEN NAME Martha Turner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Gusta Oswalt
 (ADDRESS) Cainsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Goshen DATE 12/19/1939

19. FUNERAL DIRECTOR J. M. Chambers
 (ADDRESS) Mo. Moreah Mo.

20. FILED H10 1940 J. M. Purdy
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/18/1939, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1939, to Dec 18, 1939
 I last saw him alive on Dec 7, 1939. Death is said to have occurred on the date stated above, at 7 C. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostate, regulated w/ Prostate
51
 Other contributory causes of importance:
Involuted bladder and all 1 year soft structures near the prostate
 Name of operation Thyroid Date of
 What test confirmed diagnosis? Thyroid 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 D. S. Duff
 (Signed) Cambridge Mo M. D.
 (Address) Cambridge Mo

RECEIVED

District Health Officer No. 11,

District File Number 340-272

Date Filed MAR 7 1940

STATEMENT BY LICENSED EMBALMER

I, J. M. Chambers

Licensed Embalmer No. 2109

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

J. M. Chambers

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

J. M. Chambers

Licensed Embalmer No. 2109

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.)