FILED JUN 17 1940

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

19339

Do not use this space.

1. PLACE OF DEATH

(a) County Ray — Registration District No. 744

(b) Township — Primary Registration District No. 3035 — Registered No. 53

(c) or City Richmond Mo. — (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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jane Due

(a) Residence, No. 409 East Royal 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July. 20. 1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
42	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Duties

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) Richmond Mo.

FATHER

13. NAME Robert Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

MOTHER

15. MAIDEN NAME Jane Burns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo.

17. INFORMANT (ADDRESS) William Due Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE June. 2. 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. Thurman Richmond Mo. 965

20. FILED June 1 1940 Mabel Jackson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 31 1940

22. I HEREBY CERTIFY, That I attended deceased from May 29-40 to May 29, 1940

I last saw her alive on May 29, 1940 Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Acute Dilatation of Heart

Date of onset

Other contributory causes of importance:

Chronic Gastric Ulcer

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic 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) E. C. Gay M. D.

(Address) Richmond Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 8
District File Number
Date Filed 6-14-42

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 E. Thurman

Licensed Embalmer No. 9073

P. O. Address Richmond Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.