

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

19733

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 837
 (b) ~~Township~~ Caster Primary Registration District No. 6099 Registered No. _____
 (c) City of Cass or Route (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. 362 Juanita Patrick
Stoddard Co. Mo. Rural (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 <u>F</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Tom Patrick</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-28-1909</u> | | |
| 7. AGE | YEARS <u>31</u> | MONTHS <u>1</u> |
| | DAYS <u>4</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u> | |
| | 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) <u>Mo.</u> | | |
| FATHER | 13. NAME <u>Tom Bird</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> | |
| MOTHER | 15. MAIDEN NAME <u>Addie Doland</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> | |
| 17. INFORMANT (ADDRESS) <u>Tom Patrick</u> <u>Cass, Mo. R. 2.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Grove</u> DATE <u>6-4-1940</u> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Chiles Und Co.</u> <u>Bloomfield, Mo.</u> | | |
| 20. FILED <u>June 10 1940</u> <u>Hooper Jink Scott</u> <u>Deputy Local Registrar.</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 - 1940 to June 1 - 1940
 I last saw her alive on June 1 - 1940 Death is said to have occurred on the date stated above, at 2:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus

Other contributory causes of importance: 48

Name of operation None Date of _____
 What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) S. S. Davis _____, M. D.
 (Address) Dexter 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 import

WHITE PRINT, WITH OUTFRONT INK—THIS IS A PERMANENT RECORD

1 X10605

JUN 22 1940

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..... *James C. Cooper*

Licensed Embalmer No. *4119*

P. O. Address..... *Bloomfield, 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.