

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

I X 18603

JUL 21 1940

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

26035
Do not use this space.

1. PLACE OF DEATH

(a) County Polk 2 Registration District No. 701

(b) Township Marion 0 Primary Registration District No. 4422

(c) City Bohler (d) Street No. _____ 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 William Matthew Palen

(a) Residence, No. 1450 Bohler Ma 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

80 1 27

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

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) Marionville Union, Co. Ohio

13. NAME William Palen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co. Ohio

15. MAIDEN NAME Annis West

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co. Ohio

17. INFORMANT Jack Palen (ADDRESS) Bohler Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE July 25, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hutchinson & Co., Bohler

20. FILED 7/24/1940 J. P. Robert Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1940 to July 23, 1940. I last saw him alive on July 23, 1940. Death is said to have occurred on the date stated above, at 1 P.M. The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with heart failure

Date of onset July 11, 1940

Other contributory causes of importance: None

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) Doyle M. McLean, M. D. 630 (Address) Bohler 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. 7,
District File Number 8-40-1206
Date Filed 8-19-40

in line

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.

Myself

Signed Bert Legan

Licensed Embalmer No. 3979

P. O. Address Bolivar 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.