

25 1940

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

20897

Do not use this space.

## 1. PLACE OF DEATH

(a) County Stoddard Registration District No. 834  
(b) Township Pike Primary Registration District No. 6097  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 27  
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 407 Myrtle Cooley  
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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-8-1882  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
57 8 5  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Kentucky  
13. NAME J. F. Jones  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.  
15. MAIDEN NAME Louisa Dix  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known  
17. INFORMANT (ADDRESS) Mrs. Ruby Dussanegan  
Bloomfield, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Gravel Hill DATE 8-14-1940  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chiles Mnd. Co.  
Bloomfield, Mo.  
20. FILED Sept 4 1940 D B McKee  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13-1940  
22. I HEREBY CERTIFY, That I attended deceased from July 23 1940 to July 23 1940  
I last saw her alive on July 23 1940 Death is said to have occurred on the date stated above, at 12 P.M.  
The principal cause of death and related causes of importance were as follows:  
Cancer of the liver Date of onset ?  
Other contributory causes of importance: 46  
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) Dr. J. L. Davis  
75 (Address) BLOOMFIELD, 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. 2,  
District File Number 940-142  
Date Filed 9/12/40

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 Body was not Embalmed

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.