

FILED JAN 29 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

40004
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1003

(b) Township..... Primary Registration District No. 1420 N. 11th St.

(c) City..... (d) Street No. 1420 N. 11th St. Registered No. 9714

(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 GEORGE A. PRINCE

(a) Residence, No. 1420 N. 11th St. 25

(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 3 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-15-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, = hrs. or = min.

60 8 9

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Domestic

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) Helena Ark

13. NAME John Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helena Ark

15. MAIDEN NAME Georgia Parker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helena Ark

17. INFORMANT (ADDRESS) Annie Said
1420 N. 11th

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 12-8 1941

19. FUNERAL DIRECTOR (ADDRESS) Davis E. Thomas
2734 Sheridans

20. FILED DEC 2 1941 J. F. Budeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 29-41 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov-10- 1941, to Nov-29-41 1941.

I last saw her alive on Nov-29 1941. Death is said to have occurred on the date stated above, at 11-30 P.M.

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

Mitral Insufficiency I R

926

Other contributory causes of importance:

Myocarditis - Chronic 2yr.

Large pelvic tumor - 30yr.

non malignant

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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?

If so, specify No

(Signed) W. F. Moore M. D.

(Address) 1418 Franklin

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

N. B.—Every item of information should be carefully studied. 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.

MARGIN RESERVED FOR BUREAU

V. S. No. 2.
50M-7-20-37
I X12604

STATEMENT BY LICENSED EMBALMER

I, Glenn E. Henderson Myself, Licensed Embalmer No. 4141
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
L. E.
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed Glenn E. Henderson
Licensed Embalmer No. 4141

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.)