MISSOURI STATE BOARD OF HEALTH RED AUG 23 1940 BUREAU OF VITAL STATISTICS 26103 statement of OCCUPATION is very important. CERTIFICATE OF DEATH 1. PLACE OF DEATH Do not use this space. should Registration District No.....7.4 (a) County .... Primary Registration District No. 3 6 3 Registered No. PHYSICIANS (d) Street No. Is death occurred in Hospital or Institution, write its name instead of street and number) Length of residence in city or town where death occurred O (f) How long in U. S., if of foreign birth? 2. PRINT FULL NAME (a) Residence, No. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX COLOROR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) a CERTIFY LHEREBY That I attended deceased from 5A. 1F MARRIED, WIDOWED, OR OWODCED **HUSBAND OF** Exact should be 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6 O 7. AGE YEARS MONTHS If LESS than 1 The principal cause of death and related causes of importance were as follows: day, ......hrs. classified. Date of onset or .....min. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work supplied. properly was done, as saw mill, bank, etc. 10. Date deceased last worked at Total time (years) this occupation (month and spent in this occupation..... year)..... Every item of information should be carefully OF DEATH in plain ferms, so that it may be Other contributory causes of importance: 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ATHER 14. BIRTHPLACE (CITY OR TOY Name of operation..... ( STATE OR COUNTRY) What test confirmed diagnosis . Was there an autopsy?..... 15. MAIDEN NAME 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN) Where did injury occur?..... (STATE OR COUNTRY) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? 19. FUNERAL DIRECTOR (NA If so, specify..... (ADDRESS) (Signed) Local Registrar (Licensed Embalmer's Statement on Reverse Side)

## 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

working under my personal supervision.

Signed A.W. Mausew

Licensed Embalmer No. 7

P. O. Address. The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comwith the above constitutes grounds for revocation of license.)

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