

Dr. J. E. Stewart
 APR 7 1938

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

10535
 Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014 Registered No. 162
 (c) City Jefferson (d) Street No. St. Mary's Hospital 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaretha Raithel E.U.A.

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-20-1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 11 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housemaid
 9. Industry or business in which work was done, as saw mill, bank, etc. II
 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) Cole County, Mo

13. NAME John Raithel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Cole County, Mo

15. MAIDEN NAME Barbara Henry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Missouri

17. INFORMANT Emil Raithel
 (ADDRESS) R.F.D.#2, Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Honey Creek Cem DATE Mar-27- 1938

19. FUNERAL DIRECTOR Thomas J. Gordon
 (ADDRESS) Jefferson City, Mo

20. FILED 3 25 1938 Jefferson Mo
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) March 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21st 1938, to March 25th 1938.
 I last saw her alive on March 25th 1938. Death is said to have occurred on the date stated above, at 10 A.m.
 The principal cause of death and related causes of importance were as follows:

Acute myocarditis Date of onset _____

Other contributory causes of importance: 74

Name of operation _____ Date of _____
 What test confirmed diagnosis? Xtal 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 X _____
 Nature of injury X _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) James H. [Signature] M. D.
 (address) 626 Jefferson St

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

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)