

REC'D APR 21 1938

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

11626

Do not use this space.

1. PLACE OF DEATH

74 (a) County Nodaway Registration District No. 625
 (b) Township Primary Registration District No. 3031 Registered No. 34
 9 (c) City Maryville (d) Street No. 623 East 5th St. St.
 0 (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 Patience Dafenia Krishbaum 621

(a) Residence, No. Arkoe, Mo. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
83 5 4

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) N. York State (STATE OR COUNTRY)13. NAME John Haskin,14. BIRTHPLACE (CITY OR TOWN) New York State (STATE OR COUNTRY)15. MAIDEN NAME Eunice Freeman16. BIRTHPLACE (CITY OR TOWN) New York State (STATE OR COUNTRY)17. INFORMANT Mrs. Neva Eels, (ADDRESS) Arkoe, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Miriam Cemetary DATE Mar. 15 193819. FUNERAL DIRECTOR Price Funeral Home (ADDRESS) Maryville, Mo.20. FILED 3-15 1938 Mamie E. Clardy 556 (Address) Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13, 193822. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1938, to Mar. 13, 1938I last saw her alive on Mar. 13, 1938 Death is saidto have occurred on the date stated above, at 9:35 p.m.

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

Chronic Endocarditis Date of onsetOther contributory causes of importance: 92%With Intestinal & PleurisyName of operation None Date ofWhat test confirmed diagnosis? Placental Was there an autopsy? No

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) Mamie E. Clardy M. D.

STATEMENT BY LICENSED EMBALMER

I, Clem M Price, Licensed Embalmer No. 1822
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clem M Price
Licensed Embalmer No. 1822

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.)