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.

REC'D MAY 25 1938

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

16117
Do not use this space.

1. PLACE OF DEATH
(a) County WARREN — Registration District No. 881
(b) Township — Primary Registration District No. 4534 — Registered No. 11
(c) City WARRENTON — (d) Street No. ..... 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 Edythe Mabel Hukriede
(a) Residence, No. ..... St.
(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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF T.W.Hukriede

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1882

7. AGE: Years 55 | Months 9 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) near Truxton (STATE OR COUNTRY) Missouri

FATHER
13. NAME John P. Speed 0
14. BIRTHPLACE (CITY OR TOWN) Warren Co. (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Alice Howell
16. BIRTHPLACE (CITY OR TOWN) Lincoln Co. (STATE OR COUNTRY) Missouri

17. INFORMANT T.W.Hukriede (ADDRESS) Warrenton, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Warrenton, Mo. DATE April 4, 1938

19. FUNERAL DIRECTOR F.W.NIEBURG & SON (ADDRESS) WARRENTON MO.

20. FILED April 5, 1938 A. W. Ehling Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to April 1, 1938
I last saw her alive on April 1, 1938. 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:

	Date of onset
Cerebral hemorrhage	4-1-38

Other contributory causes of importance:
Arterio Sclerosis
Chronic Nephritis

Name of operation None Date of .....
What test confirmed diagnosis? None 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) Charles L. Garcia, M. D.
(Address) Warrenton Mo.

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, John F. Meburg, Licensed Embalmer No. 3897,

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John F. Meburg

Licensed Embalmer No. 3897

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)