REC'D JUN 14 1938

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

17752
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 100 — Registered No. 528
(c) City St. Joseph — (d) Street No. Missouri Methodist 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. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mary Maxine Courter 636
(a) Residence, No. Wathena, Kansas St. — Wathena Kans.
(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: Lee M. Courter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 22, 1916

7. AGE: YEARS 22 — MONTHS 3 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) (STATE OR COUNTRY): Wathena, Kansas

FATHER
13. NAME: John W. Cackler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palo Alto County Iowa

MOTHER
15. MAIDEN NAME: Bertha Hargis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brenner, Kansas

17. INFORMANT (ADDRESS): Lee M. Courter Wathena, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belmont Cemetery DATE 5/17 1938

19. FUNERAL DIRECTOR (ADDRESS): Walter Meierhoffer 1302 Faraon Street

20. FILED 5/17 1938 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-6-, 1938, to 5-16-, 1938
I last saw her alive on 5-16-, 1938. Death is said to have occurred on the date stated above, at 12:25 p.m.
The principal cause of death and related causes of importance were as follows:

Aplastic Anemia — Date of onset 5-1-38

Other contributory causes of importance: 7/A

Name of operation None — Date of —
What test confirmed diagnosis? Laboratory 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) Paul Forgrave, M. D.
(Address) Tootle Bldg.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible]
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

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 Wilbur H. Kelly

Licensed Embalmer No. Mo. # 3946

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