REC'D JUN 16 1938

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

17990
Do not use this space.

1. PLACE OF DEATH
(a) County Cedar Registration District No. 164
(b) Township Benton Primary Registration District No. 5229 Registered No. 221
(c) City ..... (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 Martha Elndar Page
(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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William R Page
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1860
7. AGE Years 77 Months 8 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) Thorn Town Ind.

FATHER
13. NAME Jacob Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT (ADDRESS) Harrison Page Farmington Mo RR2
18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Co. DATE 5/27 1938
19. FUNERAL DIRECTOR (ADDRESS) Opmetchell Jerico Spgs Mo
20. FILED 5-27 1938 Mrs Mary Heifner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/25 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 30 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset
10 8
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
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? .....
If so, specify .....
(Signed) Mrs Mary Heifner Reg. M.D.
155 (Address) Jerico Spgs Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, O P Mitchell, Licensed Embalmer No. 1908

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed~~ not by Embalmed at all L. E. —

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

working under my personal supervision.

Signed O P Mitchell

Licensed Embalmer No. 1908

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.)