

REC'D JUL 22 1938

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

22356  
Do not use this space.

1. PLACE OF DEATH

(a) County macon Registration District No. 533  
(b) Township macon Primary Registration District No. 3027 Registered No. 42  
(c) City macon (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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 Marion Adelle Watestine

(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) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Watestine  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1851  
7. AGE YEARS 86 MONTHS 9 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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) Wisconsin

FATHER 13. NAME Harry G Hildrich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER 15. MAIDEN NAME Eliza Jane Crasby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT A G. Hildrich D O (ADDRESS) macon mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kerkoville Mo DATE June 23 1938

19. FUNERAL DIRECTOR Albert S. ... (ADDRESS) macon mo

20. FILED 7/8 1938 Geo. D. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Mar 10, 1938, to JUNE 21, 1938

I last saw her alive on JUNE 20, 1938 Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Chronic Valvular Heart Disease Date of onset 1910  
40

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) F. M. Still NO  
macon, mo. (Address)

STATEMENT BY LICENSED EMBALMER

I, Russell Barber Licensed Embalmer No. 3848

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 Russell Barber  
Licensed Embalmer No.....

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

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

22306

Do not use this space.

1. PLACE OF DEATH

- (a) County Mason Registration District No. 533
- (b) Township \_\_\_\_\_ Primary Registration District No. 3027
- (c) City Mason (d) Street No. \_\_\_\_\_ Registered No. 42
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
- (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marion Adelle Notestine

- (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

- 3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Wid)

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

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

- | 7. AGE | YEARS     | MONTHS   | DAYS      | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
|        | <u>86</u> | <u>9</u> | <u>19</u> |                                  |

- 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.
  - 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)

FATHER

- 13. NAME
- 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

- 15. MAIDEN NAME
- 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7/8 1938 Leota Keriter Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_, 19\_\_

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 \_\_\_\_\_ m.

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

Date of onset

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) 7. M. Still, M. D.

(Address) Mason Mo

