

NOV 17 1938

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

35503
Do not use this space.

1. PLACE OF DEATH

(a) County **Cooper** Registration District No. **219**
(b) Township **Kelly** Primary Registration District No. **3299**
(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

Mrs. Martha George
(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 **Elmer George.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 15th. 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 7 31

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. **at home.**
10. Date deceased last worked at this occupation (month and year) **Dec. 1937** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cooper County, Mo.**

FATHER 13. NAME **Andrew Steigledder**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Mary Hochstetter**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio.**

17. INFORMANT (ADDRESS) **Edgar George, Bunceton, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Boonville, Mo Walnut Grove Cem. DATE Oct. 21 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Goodman & Boller Boonville, Mo.**

20. FILED **10-7-1938 Ann Whitaker Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 6th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 1st 1938, to Oct 6th 1938**
I last saw him alive on **Oct 4th 1938** Death is said to have occurred on the date stated above, at **1 a.m.**
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus and appendages
Date of onset
Other contributory causes of importance: **None**

Name of operation **None** 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? **Feb.**
If so, specify **None**
(Signed) **W. H. Elliott**, M. D.
(Address) **Bunceton, Mo.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 8
District File Number 11/14/38
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

..... or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.