

DEC 19 1938

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

39653
Do not use this space.

1. PLACE OF DEATH
 (a) County Lawrence Registration District No. 475
 (b) Township Springriver Primary Registration District No. 5639 Registered No. _____
 (c) City Verona (d) Street No. R.F.D. # 2 (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 Rhoda Uddenburg
 (a) Residence, No. Verona Mo R.F.D. # 2 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Uddenburg
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-16-1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 6 18 11
 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) Lawrence County Missouri
 FATHER 13. NAME Sidnev Pilkerton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 MOTHER 15. MAIDEN NAME Elizabeth Smith.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 17. INFORMANT Mrs Tena Conway
 (ADDRESS) Verona Mo. R # 2
 18. BURIAL, CREMATION, OR REMOVAL PLACE Verona Mo. DATE Nov, 29 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. J. Ring
Aurora Mo.
 20. FILED 12/5 1938 A. J. Ring
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 27 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 7 1938, to Nov. 27, 1938
 I last saw her alive on Nov. 25, 1938. Death is said to have occurred on the date stated above, at 2.00 P.M.
 The principal cause of death and related causes of importance were as follows:
Heart failure
Caused of Liver
 Date of onset _____
 Other contributory causes of importance: 46
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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. Avery Watson M.D.
 (Address) Verona General Hosp.

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

Dis. Health Officer No. 6,

District File Number 6-38-771

Date Filed DEC 13 1938

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.....

Herman Surridge

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

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.