REC'D DEC 8 1938

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

39998
Do not use this space.

1. PLACE OF DEATH
(a) County Perry
(b) Township Brazeau
(c) City Wittenberg Mo
(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 Registration District No. 657
Primary Registration District No. 5874
Registered No. 13

2. PRINT FULL NAME 500 Mary E. Dean Wittenberg Mo
(a) Residence, No. ..... 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alfred E. Dean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 19 1888

7. AGE: 49 YEARS | MONTHS: 11 | DAYS: 1 | If LESS than 1 day, ... hrs. or ..... min.

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. House Wife
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): Brandsville Mo.

FATHER
13. NAME: Larkin Gordon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brandsville Mo.

MOTHER
15. MAIDEN NAME: Caroline Wall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brandsville Mo.

17. INFORMANT (ADDRESS): Alfred E. Dean Wittenberg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brazeau Mo. DATE Nov. 23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Young & Sons Perryville Mo.

20. FILED 11-22- 1938 Adolph G. Schmidt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-17-, 1938, to 11-20-, 1938
I last saw her alive on 11-20-, 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Billiary Calculi

Date of onset

124

Other contributory causes of importance: none

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? No
If so, specify
(Signed) E. A. Palisch, M. D.
(Address) Frohna Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-1938 I X14028

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 Edward E Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.