REC'D JAN 11 1939

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

42806
Do not use this space.

1. PLACE OF DEATH
(a) County Cole
(b) Township
(c) City Jefferson City, Mo.
(d) Street No. St. Mary's Hospital 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.

Registration District No. 213
Primary Registration District No. 3014
Registered No. 318

2. PRINT FULL NAME Margorie Louise Eveler
(a) Residence, No. 1002 Jefferson Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1924
7. AGE: YEARS 14 MONTHS 4 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At School
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) Jefferson City, Mo.

FATHER
13. NAME Sam Eveler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

MOTHER
15. MAIDEN NAME Francis Wallau
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo

17. INFORMANT (ADDRESS) Sam Eveler 1002 Jefferson Street
18. BURIAL, ~~CREMATION, OR REMOVAL~~ — PLACE Ressurection DATE ~~Nov.~~ Dec. 7, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs Jefferson City, Mo.
20. FILED 12/9/1938 [signature] M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~Nov.~~ Dec. 5, 1938
22. I HEREBY CERTIFY, That I attended deceased from November 1936, to ~~Nov.~~ Dec. 5, 1938
I last saw her alive on ~~Nov.~~ Dec. 5, 1938 Death is said to have occurred on the date stated above, at 9:50 A.M.
The principal cause of death and related causes of importance were as follows:
Uremic Coma
Date of onset
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Other contributory causes of importance:
Renal Infantilism
Name of operation cystoscopy 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) Julian A Ossman M. D.
(Address) Jefferson City 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.

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, John F. Heinrichs, or by

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

Signed John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

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

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