

REC'D FEB 27 1939

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

3625
Do not use this space.

1. PLACE OF DEATH

(a) County Danforth Registration District No. 735
(b) Township Sugar Creek Primary Registration District No. 3034 Registered No. 21
(c) City Moberly (d) Street No. Woodland 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Marie H. M. Furton
(a) Residence, No. W. Reed 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5th 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
56 9 26

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) Mo O

FATHER 13. NAME John A. Gerken

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

MOTHER 15. MAIDEN NAME Katherine Albrecht

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

17. INFORMANT (ADDRESS) Chester Bradley
Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE Jan 3rd 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mohr and Son
Moberly, Mo.

20. FILED Jan 3 1939 Ethel Plester
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1st 1939

22. I HEREBY CERTIFY That I attended deceased from Nov 1, 1938, to January 1, 1939

I last saw her alive on January 1, 1939. Death is said to have occurred on the date stated above, at 5:55 p.m.

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

Cerebral thrombosis

Other contributory causes of importance:

Cerebral hemorrhage
artery sclerosis
hypertension

Name of operation no Date of no

What test confirmed diagnosis? clinical Was there an autopsy? no

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) W. L. Gerken, M. D.

(Address) 302 W. Reed St., Moberly, Mo.

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.

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RECEIVED

District Health Officer No. 10

District File Number 10-39-198

Date Filed FEB 7 1939

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Proberly

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.