

REC'D MAR 20 1939

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

7072
Do not use this space.

1. PLACE OF DEATH

(a) County Lin Registration District No. 496
 (b) Township Brookfield Primary Registration District No. 3025 Registered No. 13
 (c) City Brookfield (d) Street No. McFarney 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.

2. PRINT FULL NAME

(a) Residence, No. 654 Viola Grace Sherman 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Sherman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1909
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 0 12

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. at home
 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) Marceline Mo

FATHER 13. NAME Everett Warner

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scranton Pa.

MOTHER 15. MAIDEN NAME Viola Dowell

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ethel Mo

17. INFORMANT (ADDRESS) Wife Sherman Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Killeard DATE Feb 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James McLaughlin Marceline Mo

20. FILED Mar 1 1939 W. H. H. H. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1939
 22. I HEREBY CERTIFY That I attended deceased from 1-26 1939 to 1-31 1939
 I last saw her alive on 1-31 1939 at 4:50 am Death is said to have occurred on the date stated above, at 4:50 am
 The principal cause of death and related causes of importance were as follows:

Primary embolism of 3 lbs
144
 Other contributory causes of importance: hemorrhage in stomach by means following childbirth 4 da

Name of operation none Date of 0
 What test confirmed diagnosis? etc. etc. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 0, 19...
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify 0

(Signed) James McLaughlin, M. D.
 (Address) Brookfield, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-335

Date Filed MAR 3 1934

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

Blanche M. Haugh Kline & Dale Bunch, or by

Registered Apprentice No. 149, working under my personal supervision.

Signed Blanche M. Haugh Kline

Licensed Embalmer No. 1909

P. O. Address Marceline

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.