REC'D MAR 8 1939

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

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Do not use this space.

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1. PLACE OF DEATH
(a) County Perry | Registration District No. 660
(b) Township | Primary Registration District No. 4396 | Registered No.
(c) City Perryville (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. PRINT FULL NAME 651 Mary Olivia Moranville
(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): Divorced
5A. IF MARRIED, [redacted] DIVORCED [redacted] (OR) WIFE OF: Frank Moranville
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 14, 1871
7. AGE: YEARS 67 | MONTHS 5 | DAYS 5 | 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.: Housewife
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): Perry County Mo.

FATHER
13. NAME: Marion Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo.

MOTHER
15. MAIDEN NAME: Mary Ann Schnurr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo.

17. INFORMANT (ADDRESS): Carl Moranville Perryville, Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Mt. Hope Cemetery DATE: Feb. 22, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Bey Funeral Home Perryville, Mo.
20. FILED: Feb 21 1939 Jos J Zoellner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 19, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 3rd, 1939, to Feb. 19, 1939
I last saw her alive on Feb. 19th, 1939. Death is said to have occurred on the date stated above, at 11:25 P.m.
The principal cause of death and related causes of importance were as follows:
Ulcer of Stomach
Date of onset
Other contributory causes of importance:
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?
If so, specify
(Signed) [signature], M. D.
(Address) Perryville, Mo

Licensed Embalmer's Statement on Reverse Side)

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, ...

....., or by .....

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

Signed.....Albert H. Bey.....

Licensed Embalmer No. 3866

P. O. Address Berryville, M

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

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