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.

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

REC'D MAR 15 1939

7998
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard — Registration District No. 838

(b) Township — Primary Registration District No. 4509 — Registered No.

(c) City Dexter — (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 Mary Catherine Huggins

(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: E. T. Huggins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 24, 1863

7. AGE: YEARS 75 — MONTHS 10 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Invalid
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): Stoddard Co., Missouri

FATHER
13. NAME: David Garner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Mary Riddle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

17. INFORMANT (ADDRESS): E. T. Huggins, Dexter, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE C. Dowdy Cem. DATE 2/16/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Blankenship-Strickland Dexter, Mo.

20. FILED 3/9, 1939 Jennie Burton, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/15/39, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Feb. 15, 1939
I last saw her alive on Feb. 12, 1939. Death is said to have occurred on the date stated above, at 7:20 am.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis — Date of onset

92 D

Other contributory causes of importance: Chronic Athritis Dyfamous

Name of operation ..... Date of .....
What test confirmed diagnosis? C — 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) S. S. Davis, M. D.
755 (Address) Dexter Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

No Embalming

Signed J E Stinetta

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo

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

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