

1850 APR 25 1939

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

11982

Do not use this space.

1. PLACE OF DEATH
 (a) County Putnam Registration District No. 718
 (b) Township Wilson Primary Registration District No. 5-948
 (c) City..... (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 ALICE McCUNE
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Jasper McCune</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 5, 1880</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>1</u>	DAYS <u>13</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housework</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Nov. 1928</u>	
11. Total time (years) spent in this occupation <u>11 1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan Co Mo.</u>		
FATHER	13. NAME <u>L. Dew Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Yepa Gilbert</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Francis W. McCune Lemons RFD 1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lemons Mo.</u> DATE <u>Mar 20, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Constock Mene Co Unionville Mo</u>		
20. FILED <u>Mar 20, 1939</u> <u>W. W. Salter</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 9, 1939 to March 18, 1939
 I last saw him alive on March 8, 1939. Death is said to have occurred on the date stated above, at 4:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Gastric Carcinoma Date of onset 9

Other contributory causes of importance:
40

Name of operation..... 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) J. H. Johnson, M. D.
 (Address) Lemons Mo

RECEIVED

District Health Officer No. 10

District File Number 10-39-681

Date Filed APR 19 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

James W. Comstock

Registered Apprentice No. 132, working under my personal supervision

Signed

J. W. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, Mo.

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.