

1939 JUL 13 1939

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

Do not use this space.

21898

1. PLACE OF DEATH

County *Clinton*  
Township *Lafayette*  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. *2/10*  
Primary Registration District No. *5-289*

File No. *6*  
Registered No. *5*

2. FULL NAME

*252 Mary Olive Luhsinger*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 *Joseph Luhsinger*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec-21-1855*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*83 5 0*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeping*

9. Industry or business in which work was done, as silk mill, 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) *Clinton County Mo.*

13. NAME *Alexander D Watson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

15. MAIDEN NAME *Edna Ann Chappell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *South Carolina*

17. INFORMANT *Joseph Luhsinger*  
(ADDRESS) *Stumptz Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Independence Mo* DATE *May 23 1939*

19. UNDERTAKER *F. S. Ryan*  
(ADDRESS) *Stewartville Mo.*

20. FILED *May 31 1939* *John L. Ray* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 21 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Apr 19 26 1939* to *May 21 1939*

I last saw her alive on *May 20 1939*. Death is said to have occurred on the date stated above, at *11:30* m.

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

*Chronic myocarditis* Date of onset

Other contributory causes of importance: *Chronic nephritis*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *clinical* as 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) *T. E. Saunders*, M. D.

(Address) *Stewartville 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.

RECORDING INFORMATION IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, F. G. Ryan, Licensed Embalmer No. 952  
hereby certify that the body recorded on the reverse side of this  
Certificate was embalmed by F. G. Ryan  
or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

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

RECEIVED

District Health Officer No. 11

District File Number 739-835

Date Filed JUL 12 1939