

REC'D AUG 22 1939

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

26939
Do not use this space.

1. PLACE OF DEATH
(a) County Saline 3 Registration District No. 7968
(b) Township _____ Primary Registration District No. 3038 Registered No. 133
(c) City Marshall (d) Street No. Mad. Nat. School 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 Magorie Marie Schlegel
(a) Residence, No. _____ 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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1925
7. AGE YEARS 17 MONTHS 7 DAYS 28 (LESS than 1 day, _____ hrs. or _____ min.)
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nurse
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) Georgetown, Mo.
13. NAME Ed. Schlegel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell, Mo.
15. MAIDEN NAME Shirkard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burfordville, Mo.
17. INFORMANT (ADDRESS) School Record, Marshall
18. BURIAL, CREMATION, OR REMOVAL Case Guardian DATE Aug 8, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell
20. FILED 8-6-39 In any part of _____ (Address) _____
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1937, to Aug 6, 1939
I last saw him alive on Aug 6, 1939 Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic
Date of onset _____
Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) W. H. Maple, M. D.
(Address) Marshall

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 FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 2/18/39

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, _____

Jan. N. Runci

_____, or by _____

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

Signed *Jan. N. Runci*

Licensed Embalmer No. *1171*

P. O. Address *Marshall*

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.