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.

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2
2

DEC'D SEP 21 1939

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

S. 30437
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon
(b) Township Center
(c) or City Nevada
Registration District No. 875
Primary Registration District No. 3039
Registered No. 2110
(d) Street No. 327 West Hunter 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 Margaret May
(a) Residence, No. 327 W Hunter 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 F
4. COLOR OR RACE N
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1891
7. AGE YEARS 47 MONTHS 8 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
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) Harwood Mo

FATHER
13. NAME Henry Deering
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winston Mo

MOTHER
15. MAIDEN NAME Orilla Bickel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Mo

17. INFORMANT (ADDRESS) Henry Deering Walker Mo
18. BURIAL, CREMATION, OR REMOVAL Moore Cemet DATE July 23 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Terry Funeral Home Nevada Mo
20. FILED 8/24 1939 Allen V Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-20-1939
22. I HEREBY CERTIFY, That I attended deceased from July 19 1939, to July 20, 1939
I last saw her alive on July 19 1939 Death is said to have occurred on the date stated above, at 1:10 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Date of onset July 19 1939.

Other contributory causes of importance: Hypertension. Don't Know

Name of operation none Date of
What test confirmed diagnosis? Exam 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 S Love, M. D.
(Address) Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-39-1763
Date Filed 9-5-39

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, ~~or by~~ Personal

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

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

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