

OCT 1939

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

33113  
Do not use this space.

1. PLACE OF DEATH

(a) County No da way Registration District No. 625  
 (b) Township Maryville Primary Registration District No. 3031 Registered No. 122  
 (c) City Maryville (d) Street No. St. Francis Hospital 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 Ellen Ware

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) Maryville, Mo  
 (STATE OR COUNTRY)

FATHER 13. NAME Wm. W. Ware

14. BIRTHPLACE (CITY OR TOWN) Burlington Junction, Mo  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Dorothy Mae Walton

16. BIRTHPLACE (CITY OR TOWN) Burlington Junction, Mo  
 (STATE OR COUNTRY)

17. INFORMANT Wm. W. Ware  
 (ADDRESS) Burlington Jct. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington Jct. Mo DATE Sept. 9, 1939

19. FUNERAL DIRECTOR (NAME) Price Funeral Home  
 (ADDRESS) Main St. Mo

20. FILED Sept 9, 1939 Mamie C. Clardy  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Stillbarn to Stillbarn, 19\_\_\_\_, 19\_\_\_\_  
 (Place saw him) (Place saw him) (Date) (Date)  
 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Stillbarn  
 Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) A. F. G. [Signature] M. D.

(Address) Burlington Jct. 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.

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RECEIVED

District Health Officer No. 44,

District No. 1039-1380

City of

OCT 17 1939

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**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.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**