WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-9-19-38 I X16605

83

OCT 20 1938

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

33264
Do not use this space.

1. PLACE OF DEATH
(a) County Platte 2 Registration District No. 692
(b) Township Green 1 Primary Registration District No. 5919B Registered No.
or
(c) City (d) Street No. 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 Ella Jane Maurzey
(a) Residence, No. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Robt L. Maurzey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 30-1870
7. AGE: YEARS 69 MONTHS 3 DAYS 12 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.: In home
10. Date deceased last worked at this occupation (month and year): Aug 1 1936
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co. Missouri

FATHER
13. NAME: Jacobs Duts 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 1

MOTHER
15. MAIDEN NAME: Jane Grable 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs Goldie Finil Dearborn Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Camden Point Mo DATE Sept 17 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Lucian Davis Dearborn Mo.
20. FILED Sept 20 1939 Mort Moore Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-17-, 1939, to 9-15-, 1939
I last saw her alive on 9-15-, 1939 Death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute enterocolitis	9-10-39
Acute Acidosis	9-14-39

Other contributory causes of importance:

Chronic Pulmonary Fibrosis	1920
Chronic Myocardosis	2

Name of operation: None Date of ✓
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19—
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) Frank E. Trehanne, M. D.
622 (Address) Platte City, Mo.

622 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 1039-1392
Date Filed OCT 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 me

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

working under my personal supervision.

Signed Leecian Davis

Licensed Embalmer No. 1714

P. O. Address Dearborn 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.