

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

42826
 Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 1304
 or St. Joseph (c) City (d) Street No. St. Joseph's 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 Dora Helena Maugh
 (a) Residence, No. _____ St. Agency, Mo. _____
 (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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August A. Maugh
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1888
 7. AGE YEARS 51 MONTHS 1 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Doniphan County (STATE OR COUNTRY) KANSAS
 FATHER 13. NAME William L. Palmer
 14. BIRTHPLACE (CITY OR TOWN) Landcastershire (STATE OR COUNTRY) England
 MOTHER 15. MAIDEN NAME Dora Harris
 16. BIRTHPLACE (CITY OR TOWN) Adams County (STATE OR COUNTRY) Ohio
 17. INFORMANT Mrs Myrtle Weed (ADDRESS) 910 E. Hyde Park
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge Cem DATE Dec. 18, 1939
 19. FUNERAL DIRECTOR (NAME) Clark Mortuary (ADDRESS) 5025 King Hill Ave.
 20. FILED Dec 26 1939 219 Mestlebusch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1939 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1939, to Dec. 16 1939.
 I last saw her alive on Dec. 15 1939. Death is said to have occurred on the date stated above, at 7:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebrum of the Cervix
probably of about 2 years duration
 Other contributory causes of importance:
Malnutrition with the
circulation
 Name of operation None Date of _____
 What test confirmed diagnosis? Microscopic Was there an autopsy? Yes
 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) H. A. Robertson, M. D.
 (Address) St. Joseph 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.

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, ~~on~~ ^{on} Dec. 16, 193

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

Signed *Earl A. Clark*

Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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.