

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43478

Registration District No. 338

Primary Registration District No. 5479

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Patman City, Mo. R.F.D. 2  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days (Specify whether \_\_\_\_\_)

8. (a) PRINT FULL NAME Theresa L. Magraw  
TERESA L. MACRAU

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife W. S. Magraw 6. (c) Age of husband or wife if alive Deceased years \_\_\_\_\_

7. Birth date of deceased Feb 11 1950  
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace State of Ills. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James E. Keoun 1

13. Birthplace State of Ills. (City, town, or county) (State or foreign country)

14. Maiden name Julia C. Peterson (State or foreign country)

15. Birthplace State of Ills. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dora Butcher

(b) Address Patman City, Mo. R.F.D.

17. (a) Burial (b) Date thereof Dec 26, 1939 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patman R.F.D. Cemetery

18. (a) Signature of funeral director W. D. G. Smith

(b) Address Patman City, Mo. 31114

19. (a) Jan 11, 1940 (b) J. O. DePharis (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Patman City (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1939 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from Dec 17, 1939, to Dec 24, 1939. that I last saw her alive on Dec 12, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Etheloiditis (Acute) Duration \_\_\_\_\_

Due to To Cause Infection  
Influenza

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. O. DePharis (M. D. or other) \_\_\_\_\_

Address Patman City, Mo. Date signed 12-30-39

RECEIVED

District Health Officer No. 11;

District File Number 240-1979

Date Filed JAN 15 1940

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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.....

W D Haines....., Registered Apprentice No.....  
working under my personal supervision.

Signed W D Haines.....

Licensed Embalmer No. 942.....

P. O. Address Wilman City 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.