

FILED FEB 12 1940

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

See 32398-40
Rev 4/24/41
2846
Do not use this space.

1. PLACE OF DEATH
 (a) County Lafayette Registration District No. 459
 (b) Township Davis Primary Registration District No. 4071 S
 (c) City Concordia Mo. (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 Mary Margurite Philippa 412
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 1939 ✓

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>2</u>	<u>12</u>	

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. Retired

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Marshall (STATE OR COUNTRY) Mo.

FATHER

13. NAME James Funter

14. BIRTHPLACE (CITY OR TOWN) Do Not Know (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME Leah Food

16. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY) _____

17. INFORMANT Mrs Julius Senecster (ADDRESS) Concordia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Church DATE Jan 7 - 1940

19. FUNERAL DIRECTOR (NAME) Foerfer & Meinershagen (ADDRESS) Figginsville Mo.

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 - 1940

22. I HEREBY CERTIFY That I attended deceased from Oct 5 - 1939 to Jan 5 - 1940
 I last saw her alive on Jan 5 - 1940 Death is said to have occurred on the date stated above, at 8:30 P.
 The principal cause of death and related causes of importance were as follows:
Cirrhosis Liver Atrophy Date of onset before 10-5-39
Arterio-Sclerosis
Paralysis muscles of deglutition
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical Examination

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) J. J. Johnston _____, M. D.
 (Address) Concordia _____

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.

RECEIVED
District Health Officer No. 8,
District File Number *17420*
Date Filed

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.....

C. G. Memershasen....., Registered Apprentice No.....
working under my personal supervision,

Signed *C. G. Memershasen*
Licensed Embalmer No. *1895*
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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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2846
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 43-7
(b) Township Madison Primary Registration District No. 42-7
(c) City Concordia (d) Street No. 5621 B Registered No. 5
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

(a) Residence, No. Mary Marguerite Phillips St. Lafayette
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 - 1884

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
82 2 12

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) (STATE OR COUNTRY) Marshall

13. NAME Jama Hunter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Leah Hood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs Julia Dehaetion
Concordia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Chapel DATE 1-7 19 40

19. FUNERAL DIRECTOR (ADDRESS) Paefer + Meinershagen
129 S. Main

20. FILED 3-15 19 40 berdman Shyman
Loc. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5 19 40

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 to Jan 5 19 40

I last saw her alive on 1-5 19 40 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

circosis of liver atrophic before onset

Other contributory causes of importance:

arteriosclerosis
paralysis of muscles?
Dysphagia

Name of operation Physical Examination
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?

(Signed) E. J. Shusterman M. D.
(Address) Concordia Mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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