

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

4109
Do not use this space.

1. PLACE OF DEATH *FILED FEB 15 1940*
 (a) County *Vernon* Registration District No. *875*
 (b) Township *Center* Primary Registration District No. *6160* Registered No. *9*
 (c) City *Meranda* (d) Street No. _____ (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Mary Elizabeth McGarragh*
 (a) Residence, No. *Nevada, Mo. R.F.D. # 2* 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) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *William A McGarragh*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 7, 1949*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *90 0 5*
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housekeeper*
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 11, 1940*
 22. I HEREBY CERTIFY That I attended deceased from *Nov 11 1939* to *Jan 11 1940*
 I last saw her alive on *Jan 11 1940* Death is said to have occurred on the date stated above, at *4:15 P.M.*
 The principal cause of death and related causes of importance were as follows:
End arteritis
 Date of onset *1939*
 Other contributory causes of importance: *Advanced age*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Highland County Ohio*
 FATHER 13. NAME *J. C. Shepley*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Pennsylvania*
 MOTHER 15. MAIDEN NAME *Unknown*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*
 17. INFORMANT (ADDRESS) *A. McGarragh Nevada, Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Tiffin, Mo* DATE *Jan 14, 1940*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Ferry Funeral Home Nevada, Mo*
 20. FILED *Jan 14 1940* *Allen V. Hays* Local Registrar.

Name of operation *Physical Ex* Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? *No!*
 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. H. Love* M. D.
 _____ (Address) *Nevada, 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.

RECEIVED

District Health Officer No. 7,

District File Number 2-40-279

Date Filed 2-14-40

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 Personnel

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

Signed

Lloyd R. Winicath

Licensed Embalmer No. 3857

P. O. Address Ywada, 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.