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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12730

State File No. _____

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neural - Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hosp. No 3 Nevada
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)

In this community 10 yrs 10 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. Unknown
(If rural, give location)

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

3. (a) - PRINT FULL NAME Vera Marguardt

3. (b) If veteran, name war _____ (c) Social Security No. none

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 24 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

26	10	10	hr. _____ min. _____
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9. Birthplace Verdigree Nebr.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name William Marguardt

13. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Margalle Hallow

15. Birthplace Unknown Nebr.
(City, town, or county) (State or foreign country)

16. (a) Informant Hoop Road #3

(b) Address Nevada mo

17. (a) Palasting Cem (b) Date thereof 3/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Palasting

18. (a) Signature of funeral director H. B. Ganesford

(b) Address Lee's Summit mo.

18. (a) 3-9-1940 (b) Allen J. Hoop
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1940 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 1st, 1940, to March 7, 1940 that I last saw h. or alive on March 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc pulmonary - st. 7 days

Due to _____

Due to _____

Other conditions Epilepsy
(Include pregnancy within 6 months of death)

Major findings: Of operations _____

Of autopsy None

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 Wm. J. Cremer (M. D. number) 1

Address Nevada mo Date signed March 7

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 4-40-583

4-8-40

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.....

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

working under my personal supervision.

Signed

N. W. Langford

Licensed Embalmer No.

5833

P. O. Address

Lee's Summit

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.