

JUN 13 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19127

State File No. _____

Registrar's No. 056

Registration District No. 025

Primary Registration District No. 3031

1. PLACE OF DEATH:

(a) County Madaway
(b) City or town Maryville Mo.
(c) Name of hospital or institution: Merill Kansas
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 3 months
In this community 3 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Evelyn Green

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

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

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

7. Birth date of deceased: Jan 7 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace: Bushington Jr. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Mason Cain

18. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hoffinger

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

16. (a) Informant Mrs Roy Fanning

(b) Address 317 E. Edward Maryville, Mo.

17. (a) Burial (b) Date there May 7 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weathermagg

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 757 South Main Maryville, Mo.

19. (a) May 9-40 (b) Mame E. Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway
(c) City or town Maryville Missouri
(If outside city or town limit, write "RURAL")
(d) Street No. 317 East Edwards
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 15 1940
_____ 19____, to May 4 1940 19____;
that I last saw h. W alive on 5.4.40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lungs metastatic

Due to Primary adenocarcinoma of ovary

Other conditions NA
(Include pregnancy within 3 months of death)

Major findings: Generalized carcinomatous
Of operations _____
Of autopsy 0

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0
556 (Specify type of place) (e) Means of injury 0
While at work? _____

23. Signature J. Ryan (M. D. or other) 1
Address Maryville Mo Date signed 5.6.40

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

4
9
2

2

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.....

William Campbell

....., Registered Apprentice No.

working under my personal supervision.

Signed

William Campbell

Licensed Embalmer No. *2650*

P. O. Address *Marquette 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.