

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

REV. 5-17-39  
U.S. G. P. O. FORM NO. 1-1931

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

REC'D JUL 15 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21777  
Registrar's No. 13

Registration District No. 322

Primary Registration District No. 5447A

1. PLACE OF DEATH: Green Fair Grove  
(a) County Green  
(b) City or town Fair Grove  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Approx 15 months  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Fair Grove  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Maggie Jane Rathbun 315  
(b) If veteran, name war X  
(c) Social Security No. X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 14  
year 1940 hour 7:45AM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from May 10  
\_\_\_\_\_ 1940, to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw her alive on May 10, 1940  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race White  
6. (a) Single, Married, widowed, divorced  
(b) Name of husband or wife E. Rathbun  
(c) Age of husband or wife if alive 69 years  
7. Birth date of deceased: Dec Unknown 1867  
(Month) (Day) (Year)

Immediate cause of death Uraemia  
Due to Nephritis, Chronic, interstitial Unknown  
Duration 3 days

8. AGE: Years 73 Months 5 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 121  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Christian Co., Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Clerk in store Housewife  
Retail Mdse

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Edward Hunter Cornog  
13. Birthplace Philadelphia Penn  
(City, town, or county) (State or foreign country)  
14. Maiden name Marjitta Henry Cornog  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maggie J. Rathbun  
(b) Address Marshfield, Mo.  
17. (a) Burial (b) Date thereof May 15 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Marshfield  
18. (a) Signature of funeral director Rex Payne  
(b) Address Marshfield, Mo.  
19. (a) June 6, 1940 (b) Allan Barnes  
(Date received local registrar) (Registrar's signature)

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

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?  
293 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature C.P. Macdonnell (M. D. or other) M.D.  
Address Marshfield Date signed 5/14/40

RECEIVED

Greene County Health Office,

County File Number 40-7-39

Date Filed 7-10-40

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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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3312

P. O. Address. Marshfield, 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.