DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39395

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 140

FILED DEC 11 1940

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

1. PLACE OF DEATH
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 da. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi. S.W. of Arkoe Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARGARET ANN WENDLE
3. (b) If veteran, name war —
3. (c) Social Security No. None.
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Wm. Samuel Wendle.
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased June (Month) 26 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	4	—	hr. min.

9. Birthplace Detroit (City, town, or county) Mich. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business Farm.
FATHER
12. Name William Chambers.
13. Birthplace (City, town, or county) Ireland. (State or foreign country)
MOTHER
14. Maiden name — Jeffers
15. Birthplace (City, town, or county) Ireland. (State or foreign country)
16. (a) Informant Wm. S. Wendle
(b) Address Arkoe Mo.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 29. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director John W. Price
(b) Address Maryville Mo.
19. (a) Oct 29-40 (Date received local registrar) (b) Mamie E Clarke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 1940 hour 7 minute 30 p. M.
21. I hereby certify that I attended the deceased from Oct, 1932, to Oct 26, 1940 that I last saw her alive on Oct 26, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolus	3 days
Due to Endocarditis	6 mo
Due to Rheumatic Endocarditis in adolescence	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? 5 51 (Specify type of place)
While at work? (e) Means of injury
23. Signature J. C. Blumer (M. D. ~~or other~~)
Address Maryville Mo. Date signed 10/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price

Licensed Embalmer No. 3229.

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.