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

FILED AUG 16 1941

26476/12

Do not use this space.

1. PLACE OF DEATH
(a) County Webster — Registration District No. 900
(b) Township x — Primary Registration District No. 6207 — Registered No. 0
(c) or City Niangua — (d) Street No. / St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Mollie B. Letterman 0
(a) Residence, No. / St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward L. Letterman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 14 - 1879
7. AGE: YEARS 62 — MONTHS 1 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): April - 1941
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster County, Mo.

FATHER
13. NAME: Lee Mathis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri. 0

MOTHER
15. MAIDEN NAME: Melinda Walton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri. 0

17. INFORMANT (ADDRESS): Rudolph Ryser, Niangua Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Mathis DATE: April 17 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Lex Tainey, Marshfield, Mo.
20. FILED: June 9, 1941 Hallie Schlicht, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 15, 1941

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1941, to June 15, 1941
I last saw her alive on June 15, 1941. Death is said to have occurred on the date stated above, at Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Insufficiency	
Nephritis.	
Death Cerebral	
Hemorrhage.	

Other contributory causes of importance: 131a

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) W F Schlicht M. D.
(Address) Niangua Mo

(Licensed Embalmer's Statement on Reverse Side)

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. 6,
District File Number 841-1383
Date Filed AUG 13 1941

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 [illegible]
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 comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

S. No. 2B
M-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26476

Registration District No. 400 Primary Registration District No. 6207 Registrar's No.

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Niangua (If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Niangua (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary M. B. Letterman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

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

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) June 9 41 (Date received local registrar) (b) Hallie Schlecht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 15 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY