DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27724

Registration District No. 29 Primary Registration District No. 4021 Registrar's No. 87

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

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry 5 1 0
(c) City or town Cassville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Missouri Delane Etheridge
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Etheridge
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 2 (Day) 1854 (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	7	15	hr. min.

9. Birthplace Barry County (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Invalid
11. Industry or business
FATHER
12. Name James Marbut
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mary Davenport
(b) Address Verona, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calton Cemetery
18. (a) Signature of funeral director Koon Funeral Home
(b) Address Cassville Mo.
19. (a) 4-19-41 (Date received local registrar) (b) Geo. W. Newman, M.D. (Registrar's signature) By M. M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1941 hour 2 minute P M.
21. I hereby certify that I attended the deceased from 9/18/40, 19__, to 4/17/41, 19__; that I last saw her alive on April 17, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic pulmonary Congestion	
Due to Senility	
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)
(d) 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 W R McClure (M.D. or other) DO
Address Cassville, Mo Date signed 4-19-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 941-1506
Date Filed SEP 15 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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address Cassville Mo

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

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