

FILED JUL 23 1942

Registration District No. 213

Primary Registration District No. 3014

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

1. PLACE OF DEATH:

(a) County Bole  
(b) City or town Jefferson City Mo.  
(c) Name of hospital or institution: 220 W. Ashley 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 1 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline Co  
(c) City or town Marshall 97  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location) 2  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret Case

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..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan 16 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 6 26 hr. min.

9. Birthplace Saline Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Tom D. Harris

13. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Sabrina Lynch

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

16. (a) Informant Murphy Thompson

(b) Address Belton Mo.

17. (a) Funeral (b) Date thereof 7-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shilo Cemetery Marshall Mo.

18. (a) Signature of funeral director Tamara Funnell Home

(b) Address Jefferson City Mo.

19. (a) 7-13-42 (b) Normalichter  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1942 hour 1:10 minute 10 P. M.

21. I hereby certify that I attended the deceased from 7-11 1942 to 7-12 1942  
that I last saw her alive on 7-11 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to.....  
Due to.....

Other conditions 830  
(Include pregnancy within 3 months of death)

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?.....

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature [Signature] (M. D. or other).....  
Address..... Date signed 7-22-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

---

---

**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..... *J. H. Anderson*.....

Licensed Embalmer No. *3641*.....

P. O. Address *Jeff City, 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, fact should be so stated above.**