

S. No. 2
M-9-4-41
v. 5-17-39
X29484

33838

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 13 1942 39

Registration District No.

Primary Registration District No. 4277

Registrar's No. 74

44
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Craig
(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)

In this community 32 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Craig
(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 A. M. Dege

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1942 hour 11 minute 55 a. m.

21. I hereby certify that I attended the deceased from Sept 18 1942 to Oct 21 1942
that I last saw her alive on Oct 20 1942
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Dege

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

7. Birth date of deceased: March 4, 1859
(Month) (Day) (Year)

Immediate cause of death Jelbon Paralysis

Due to _____

Due to _____

8. AGE: Years 83 Months 7 Days 17 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) g2:1

9. Birthplace near Corning Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business In home

12. Name Henry Evers

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

14. Maiden name Margaret Klamm

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant Ella Dege

(b) Address Craig, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct 23, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Willie L. Schooler

(b) Address Craig, Mo.

19. (a) 10-23-42 (Date received local registrar)

(b) Pauline Dawson (Registrar's signature)

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. O. ... (M. D. or other) _____

Address Craig Mo Date signed 11/21/42

1180

(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 Wilber L. Schooler
Licensed Embalmer No. 3997
P. O. Address Craig, 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.