No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

Registration District No. 3243

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7788

State File No.

Primary Registration District No. 3072

Registrar's No. 37

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 705 E Gordon
(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: 31 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Saline
(c) City or town: Marshall
(If outside city or town limits, write "RURAL")
(d) Street No.: 705 E Gordon
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: ELLA JANE McDIVITT
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Fe
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Samuel Lyman McDivitt
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept (Month) - 6 (Day) - 1867 (Year)

8. AGE: Years 75 Months 5 Days 1 If less than one day hr. min.

9. Birthplace: Ill (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Stephen Tudors
13. Birthplace: Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Jane Collet
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Albert McDivitt
(b) Address: Marshall Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: Feb - 9 - 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Ridge Park Cem. Marshall Mo
18. (a) Signature of funeral director: Harry Hershberger
(b) Address: Marshall Mo
19. (a) 2-8-43 (Date received local registrar) (b) Mrs T. O. Weatherock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1943 hour 1 minute 05 P.M.
21. I hereby certify that I attended the deceased from Feb 1 - 1943, 19..., to Feb 7 - 1943, 19..., that I last saw her alive on Feb 7 1943, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Due to: arteriosclerosis - uremia
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

Duration

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:
Signature: John R. Lawrence (M. D. ~~or other~~)
Address: Marshall, Mo Date signed Feb 8-43

1215 (Licensed Embalmer's Statement on Reverse Side) Lawrence

RECEIVED.
District Health Officer No. 8,
District File Number
Date Filed 3-5-43

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 Harry Hershberger, Registered Apprentice No. 334, working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.

S. No. 2B
M—8-21-41
P I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7788

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

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

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall
(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: 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Saline
(c) City or town: Marshall
(If outside city or town limits, write "RURAL")
(d) Street No.: 705 E. Gordon
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Ella J. McDuitt
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: W
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sept 6 - 1868 (Month) (Day) (Year)
8. AGE: Years 75 Months 5 Days ..... If less than one day: ..... hr. ..... min.
9. Birthplace: ..... (City, town, or county) gel (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) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1943 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Arteriosclerosis - Uremia	
Due to: Chronic nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 131 f
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