

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

10164
Do not use this space.

FILED APR 14 1943

1. PLACE OF DEATH

(a) County Franklin Registration District No. 114
 (b) Township Meramec Primary Registration District No. 4186
 (c) City Sullivan (d) Street No. 1 Registered No. 13
 (e) Length of residence in city or town where death occurred X yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maggie Cash,

(a) Residence, No. Sullivan, Mo. St. (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 John W. Cash,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3d. 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
	81	3	1	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

FATHER 13. NAME John Brown

14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Odell,

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John W. Cash Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Metcalf Cem. DATE 4-6-1943, 19..

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. T. Williams Sullivan, Mo.

20. FILED 4-5 19 43 Hilbert Dilburn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 4th. 1943

I HEREBY CERTIFY, That I attended deceased from Apr 1 1943 to Apr 4 1943.
 last saw her alive on Apr. 1 1943. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Arthritis & myocarditis.

Other contributory causes of importance: 93%

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) J. T. Williams, M. D.
 (Address) Sullivan, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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. J. Williams

Licensed Embalmer No. 427.....

P. O. Address Sullivan, 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, above space should be left blank.