

3. No. 2  
1-5-42  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41538

State File No. ....

Registrar's No. 289

FILED JAN 13 1944

Registration District No. 38

Primary Registration District No. 3006

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

1. PLACE OF DEATH:  
 (a) County Boone  
 (b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Boone County Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community..... 20 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Boone  
 (c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Boone County Hospital Nurses Home  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country..... 0

3. (a) PRINT FULL NAME MARGARET ROBERTA MCGURK  
 3. (b) If veteran, None name war..... No.....  
 3. (c) Social Security None No.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 3  
 year 1943 hour 11:25 minute P. M.  
 21. I hereby certify that I attended the deceased from June  
1 1943 to Dec 3 1943;  
 that I last saw him or alive on Dec 3 1943  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, 0 divorced Single  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
 alive..... years

Immediate cause of death.....  
Generalized miliary tuberculosis

7. Birth date of deceased 1 - 24 - 1895  
(Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
48 10 9 hr. min.

Due to Tuberculosis acute cerebral  
 Duration 2 mos  
 Due to..... 19 7 mos

9. Birthplace Moberly, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Nurse at Boone County Hospital

Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

11. Industry or business.....  
 12. Name Peter McGurk  
 13. Birthplace England  
(City, town, or county) (State or foreign country)  
 14. Maiden name Jane Curley  
 15. Birthplace England  
(City, town, or county) (State or foreign country)

Major findings: Tuberculosis acute  
 Of operations.....  
 Of autopsy Tuberculosis

16. (a) Informant Mrs. Katherine Carnody  
 (b) Address Granite City, Illinois  
 17. (a) Removal (b) Date thereof 12-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Moberly, Mo

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) (e) Means of injury

18. (a) Signature of funeral director Parson Funeral Service  
 (b) Address Columbia, Mo.  
 19. (a) 12-6-1943 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

23. Signature Walter Robert (M. D. or other) M.D.  
 Address Columbia Mo Date signed 12/4/43

1258 (Licensed Embalmer's Statement on Reverse Side)

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**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

Licensed Embalmer No. 4132

P. O. Address. Columbia, S.C.

**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.**