

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 13 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 169

Primary Registration District No. 4260

Registrar's No. 218

1. PLACE OF DEATH:

(a) County Barren County

(b) City or town Barren, Mo.  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Barren 53

(c) City or town Barren U  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William J. Marguardt

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19  
year 1944 hour 9:20 minute P M.

21. I hereby certify that I attended the deceased from 9-10, 1944, to 9-19, 1944  
that I last saw him alive on 9-19, 1944  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Wh

6. (a) Single widowed, married  
divorced 2

6. (b) Name of husband or wife: Wife dead 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) 12 (Day) 16 (Year) 1851

Immediate cause of death: Septic embolism (lung) 3 days

Due to ulcerative suppurative colitis (clinical history) July '44

Due to Scald from boiling soap 3-7-44

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 82 Months 3 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Adolph Marguardt

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Beulah Beeshman

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations 1200

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant William Marguardt

(b) Address 917 S. Williams St. Maple, MO

17. (a) Burial (b) Date thereof 19-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopson Cemetery

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 Judicial L. Schmidt J. O. W. O.  
(M. D. or other) Edina, MO Date signed 9/13/44

18. (a) Signature of funeral director L. J. Kelly

(b) Address Edina, Mo

19. (a) Sept 26 1944 Nelle Northcutt  
(Date received local registrar) (Registrar's signature)

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

52  
6  
0

RECEIVED

District Health Officer No. 10

District File Number 10-44-1742

Date Filed OCT 11 1944

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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. 3755

P. O. Address.....

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.