V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33598

FILED OCT 23 1944

Registration District No. 13 — Primary Registration District No. 5058 — Registrar's No. 61

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Monett (Rural) Monett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jump
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 62 years / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Monett (Rural)
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Josephine Margaret Mourglia

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife John Mourglia

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased December (Month) 29 (Day) 1878 (Year)

8. AGE: Years 65 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Waldensian Valley (City, town, or county) 5 France (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Paul Francis Reynaud
13. Birthplace Waldensian Valley (City, town, or county) 5 France (State or foreign country)

MOTHER
14. Maiden name Martha Long
15. Birthplace Waldensian Valley (City, town, or county) France (State or foreign country)

16. (a) Informant Felix Mourglia
(b) Address Monett, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Waldensian Cemetery

18. (a) Signature of funeral director Blankenships
(b) Address Monett - Purdy, Mo.

19. (a) Sept 1 1944 (Date received local registrar) (b) Audna Trillaughley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from June 25, 1944 to Aug 30, 1944 that I last saw her alive on Aug 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 3 years

Due to —

Due to — 13 h

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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)

(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

23. Signature L. Ferguson (M. D. or other) MD
Address Monett Mo. Date signed 9-1-44

1320

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1044-1082
Date Filed OCT 18 1944

SEP 6 1945

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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.