

**FILED DEC 31 1944**

Registration District No. 3072

Primary Registration District No. 3072

Registrar's No. 197

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:  
Blosser Home for Aged Women  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Since Oct. 2, 1937  
(Specify whether  
 In this community Since Oct. 2, 1937  
-years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Saline **97**  
 (c) City or town Marshall **1**  
(If outside city or town limits, write "RURAL") **2**  
 (d) Street No. Blosser Home for Aged Women  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_ **(D)**

3. (a) PRINT FULL NAME Maria Magdalen Deatheridge  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

7. Birth date of deceased Jan. 3, 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>18</u>	hr. min.

9. Birthplace Howard County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

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

12. Name Col. Byrd Deatheridge  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Shepperd  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Blosser Home for Aged Women  
 (b) Address Marshall Mo.

17. (a) Burial (b) Date thereof Nov. 22, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette, Mo.

18. (a) Signature of funeral director Campbell Lewis  
 (b) Address Marshall, Mo.

19. (a) 11-24-44 (b) Mrs. Towleschack  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Nov day 21  
 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 2, 1944 to Nov 21, 1944  
 that I last saw him alive on Nov 20, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Ch. Myocarditis & decompensation  
Hypertension  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Ch. Hypertension  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or other) \_\_\_\_\_  
 Address Marshall Mo. Date signed \_\_\_\_\_

Duration	PHYSICIAN
<u>7</u>	_____
<u>1</u>	_____
<u>1</u>	_____
<u>13 1/2</u>	_____

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

7-1-2

12/15

DISTRICT HEALTH CONTROL DIVISION  
District File Number  
Date Filed 12-12-47

**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: *Bill Campbell Jr.*  
Licensed Embalmer No. *34190*  
P. O. Address *Marshall, Md.*

**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.**