S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 8887

Registration District No. 2 Primary Registration District No. 4009 Registrar's No. 21

**1. PLACE OF DEATH:**

(a) County Andrew
(b) City or town Savannah Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 89 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Andrew 2
(c) City or town Savannah 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no 0 ~~(Yes or~~ No)
If yes, name country

3. (a) PRINT FULL NAME Margeret Saphrona Cain
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex f 1
5. Color or race w.
6. (a) Single, widowed, married, divorced 2 w
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 10 (Day) 1856 (Year)

8. AGE: Years 89 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Skidmore (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name James Noffsinger
13. Birthplace No Record (City, town, or county) Ind. 1 (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) No Record 9 (State or foreign country)
16. (a) Informant Mrs. Goldie Roades
(b) Address Savannah Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 2-25-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Guilford
18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah mo
19. (a) 2/24-45 (Date received local registrar) (b) F H Fritchman (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 23
year 1945 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 18, 1944, to Feb 23, 1945
that I last saw her alive on Feb 21, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration unknown
Due to
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
93d

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 Neva M. Steisley (M. D. or other) 2 DO.
Address Savannah Date signed Feb 25 45

1072

(Licensed Embalmer's Statement on Reverse Side)

## 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 E. C. Breck

Licensed Embalmer No. 2650

P. O. Address Savannah 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.**