

Registration District No. 300

Primary Registration District No. 6029

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Rural - Logan
(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)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Reynolds
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1946 hour 2 minute P:M

21. I hereby certify that I attended the deceased from August 16
1946 to Sept. 19 1946
that I last saw her alive on September 12 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Mitral insufficiency Duration 2 yr

Due to

Due to

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations 92%
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature A. F. Burg (M. D. or other) 0
Address Callington, Mo Date signed 9-17-46

3. (a) PRINT FULL NAME Martha Maliss Stogsdill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive, years 1 1882 (Day) (Year)

7. Birth date of deceased May 1 1882 (Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Reynolds Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name John Allen

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

14. Maiden name Unknown

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

16. (a) Informant Walter Stogsdill
(b) Address Ellington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lower Logan
18. (a) Signature of funeral director Phil A. Leuckel
(b) Address Van Buren MO.
19. (a) 10-5-1946 (Date received local registrar) (b) Essie Evans (Registrar's signature)

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

RECEIVED

District Health Officer No. 5,

District File Number 1046557

Date Filed 10-9-46

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 9-19-

....., Registered Apprentice No.....
working under my personal supervision.

Signed Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren St

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.