

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41580

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 469

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
312 So. Hancock
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 312 So. Hancock
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET ELLEN LUTGEN
3. (b) If veteran, name war _____
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 17
year 1946 hour 10:00 minute A.M.
21. I hereby certify that I attended the deceased from 12/17, 1946, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 13, 1873
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension Duration 15 yrs

8. AGE: Years Months Days If less than one day
83 4 4 _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Florence Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name William Baughman
13. Birthplace Morgan Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Rachael Slater
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs George Swearingin
(b) Address 312 So. Hancock
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19-1946
(Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Mrs Laughlin Bros
(b) Address Sedalia Mo
19. (a) 12-17-46 (Date received local registrar) (b) Betty Yeager (Registrar's signature)

23. Signature W. H. J. Holden (If D. or other) D.C.
Address 315 E. 12th - Sedalia Mo Date signed 12/17/46

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

MOTHER FATHER

251

(Licensed Embalmer's Signature on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date filed 12-28-46

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

KPM Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.