No. 2
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17-39
X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1948

Registration District No. 373

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6268

State File No. 44659

Registrar's No. 3

1. PLACE OF DEATH:
(a) County Webster Co. Mo.
(b) City or town Niangua, Mo.
(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 Home —
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Webster
(c) City or town Niangua, Mo —
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Linda Sue Preston.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. M. 5. Color or race W.
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec — (Month) 17 — (Day) 47 (Year)
8. AGE: Years | Months | Days 5 | If less than one day hr. min.
9. Birthplace Niangua, Mo (City, town, or county) (State or foreign country)
10. Usual occupation No.
11. Industry or business No.
MOTHER FATHER
12. Name Richard H. Preston.
13. Birthplace Niangua, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Maud Marie Meyers.
15. Birthplace Niangua, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Richard Preston.
(b) Address Niangua, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Good Spring
18. (a) Signature of funeral director [illegible]
(b) Address Marshfield, Mo
19. (a) 1-12-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day Dec — year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 17 Dec. 1947, 19, to 22 Dec 1947, that I last saw her alive on 20 Dec 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Neuro Sepsis — Disease of New Born — exact type unknown — Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None.

Duration: Birth

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 S. E. Schlicht, M.D. (Dr. or other)
Address Niangua, Mo Date signed 12-23-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 148-170
Date Filed JAN 31 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.