. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 6

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 679 W. Boyd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 679 W. Boyd
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Hattie Frances Aulgur
3. (b) If veteran, name war #
3. (c) Social Security No. #

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ives L. Aulgur
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased May (Month) 20 (Day) 1877 (Year)

8. AGE: Years 70 | Months 5 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Sweet Springs (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business " "

FATHER
12. Name Thomas J. Hanland
13. Birthplace Unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Mary Bruton
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Ray Williams
(b) Address Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Marshall Mo.
19. (a) Jan 8-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1948 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan, 1947, to Jan 6, 1948; that I last saw h.er alive on Jan 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	4 days
Due to: Arteriosclerosis, generalized	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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 James E. Reid (M. D. or other)
Address Marshall Mo Date signed 1-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1-15-48

DEC 29 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 _____ Marvin V. Newton, Registered Apprentice No. 61 working under my personal supervision.

Signed J. Leslie Swaney

Licensed Embalmer No. 3235

P. O. Address Marshall, Texas

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.