

S. No. 2
M-5-43
5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18335
Registrar's No. 117

FILED JUN 9 1948

Registration District No. 324

Primary Registration District No. 3072

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

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:
750 West Thomas St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) All Her Life

3. (a) PRINT FULL NAME Almira Jane 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. Widowed

6. (b) Name of husband or wife James Aulgur 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased December 24 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 14 hr. min.

9. Birthplace Linn Creek Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business !!!

MOTHER FATHER { 12. Name Elisha Peterson

13. Birthplace Linn Creek Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Bush

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

16. (a) Informant Marjorie Peterson

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 6/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director J. Leola Perry

(b) Address Marshall, Mo.

19. (a) June 5-6-48 (b) W. Sidney Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 99
(c) City or town Marshall
(If outside city or town limits, write "RURAL") 1/2
(d) Street No. 750 West Thomas
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1948 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 29, 1947 to June 4, 1948
that I last saw her alive on June 3, 1948
and that death occurred on the day and hour stated above.

Immediate cause of death..... Duration

Hypertensive heart disease
Due to Atherosclerosis

Due to.....

Other conditions Chronic glomerulonephritis
(Include pregnancy within 3 months of death) Chronic nephritis

Major findings:
Of operations.....

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 W. Sidney Perry (M. D. or other) MD.
Address Marshall, Mo. Date signed 6-5-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-8-48

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 J. Lebi Surrency
Licensed Embalmer No. 3235

P. O. Address Marshall, 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.