

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1954

BIRTH NO.		REG. DIST. NO. 231		PRIMARY REG. DIST. NO. 4346		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY OR TOWN Montgomery City		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Wellsville		70 2 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print)		a. (First) Emma		b. (Middle) Francis		c. (Last) Marlow	
4. DATE OF DEATH		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	
8. DATE OF BIRTH 4-16-1862		9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		11. BIRTHPLACE (State or foreign country) Readsville Mo	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME Mathew Duffy		13b. MOTHER'S MAIDEN NAME Kathryn Van Boovin		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME J. D. Marlow		ADDRESS Montgomery City Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage left + Right Hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Chronic Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 40 days years years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) su		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-14, 1948 , to 1-30, 1949 , that I last saw the deceased alive on 1-29, 1949 , and that death occurred at 11:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. T. Andersen M.D.				23b. ADDRESS Montgomery City Mo		23c. DATE SIGNED 2/1/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-2-49		24c. NAME OF CEMETERY OR CREMATORY Wellsville		24d. LOCATION (City, town, or county) (State) Wellsville Mo	
DATE REC'D BY LOCAL REG. 2-3-49		REGISTRAR'S SIGNATURE Bernice Wyatt		25. FUNERAL DIRECTOR'S SIGNATURE C. W. Hopkins		ADDRESS Montgomery City Mo	

(Licensed Embalmers' Statement on Reverse Side)

H.S.

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

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, ~~only~~ on the

31 st day of Jan 1949

Student Embalmer No. _____

working under my personal supervision.

C. W. Hopkins

C. W. Hopkins

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.