

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16513

Registrar's No. 224

BIRTH NO. _____		REG. DIST. NO. 385		PRIMARY REG. DIST. NO. 3039		Registrar's No. 224	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline,		c. LENGTH OF STAY (in this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline,		2.	
d. FULL NAME OF HOSPITAL OR INSTITUTION none				d. STREET ADDRESS (If rural, give location) 820 N. Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) ROENELVA		b. (Middle) EDITH		c. (Last) JURIS		4. DATE OF DEATH (Month) (Day) (Year) May 13, 1949	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 4, 1910		9. AGE (In years last birthday) 38	10. UNDER 1 YEAR Days 5	11. UNDER 2 HRS. Hours Min. 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (State or foreign country) Marceline, Mo		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME John William Baty		13b. MOTHER'S MAIDEN NAME Della Williams		14. NAME OF HUSBAND OR WIFE John Juris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-05-9748		17. INFORMANT'S SIGNATURE OR NAME Fonda Gucker Marceline, Mo. ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the</u> ANTECEDENT CAUSES <u>Cyst of adenoma, left ovary</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  175X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		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 <u>Sept</u> , 19 <u>48</u> , to <u>May 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 13</u> , 19 <u>49</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Mary Jane Owens</u> (Degree or title)				23b. ADDRESS <u>Marceline, Mo.</u>		23c. DATE SIGNED <u>5-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 16, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/16/1949</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u>		ADDRESS <u>Marceline, Mo.</u>	

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, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline

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.