

FILED JUL 27 1949

## THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

25767

**State File No.** \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>149</u>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Saline</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u> c. LENGTH OF STAY (in this place) <u>59 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 E. Jackson</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u> d. STREET ADDRESS (If rural, give location) <u>410 E. Jackson st</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Mable</u> b. (Middle) <u>- - -</u> c. (Last) <u>Mack</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 19, 1949</u>			
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>Negro</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widow</u>		<b>8. DATE OF BIRTH</b> <u>Sept. 3 1889</u>	
<b>9. AGE</b> (In years last birthday) <u>59</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housework</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Housekeeping</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Nelson, Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>							
<b>13a. FATHER'S NAME</b> <u>Alfred Gordon</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Maratha Jane Rueben</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>None - - -</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Miss Mable Mack</u>	
				<b>ADDRESS</b> <u>Marshall, Mo.</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) <u>P</u> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b>			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <u>Parenchymatous Nephritis</u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>			
<b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Uremia</u> DUE TO (c) <u>...</u>							
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>.....</u>				<u>591X</u>			
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>none</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> _____ (COUNTY) _____ (STATE) _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____			
<b>22. I hereby certify that I attended the deceased from</b> <u>June 1, 1949</u> , to <u>July 19, 1949</u> , that I last saw the deceased alive on <u>July 19, 1949</u> , and that death occurred at <u>11:40 A. M.</u> , from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> (Degree or title) <u>W. H. Harrison, M.D.</u>				<b>23b. ADDRESS</b> <u>Marshall, Mo.</u>		<b>23c. DATE SIGNED</b> <u>7-20-49</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>7/22/49</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Fairview Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Marshall, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>July 20, 1949</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Sidney J. Gray</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Green &amp; Sons</u> <b>ADDRESS</b> <u>Marshall, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 25  
District Health Officer No. 8,

District File Number

Date Filed

7-26-49

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed

*Glenn E. Green*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4220

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.