

REC'D JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42809
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 213

(b) Township Jefferson Primary Registration District No. 3014 Registered No. 324

(c) City Jeff. City, Mo. (d) Street No. St. Marys Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margie A. Urton

(a) Residence, No. Blainstown Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-4-1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>62</u>	<u>10</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blainstown, Mo.

FATHER

13. NAME John A. Rush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Mary A. Wall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blainstown, Mo.

17. INFORMANT (ADDRESS) Pearl M. Naggart
Owensboro, Ky.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blainstown, Mo. DATE 12-13-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos. J. Gordon
Jeff. City, Mo.

20. FILED 12/12/38 19.38 A. S. Bedford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1938 to December 11, 1938
I last saw him/her alive on December 11, 1938 Death is said to have occurred on the date stated above, at 5:00 m.
The principal cause of death and related causes of importance were as follows:
Pneumonia lobar
Bilateral
Chronic
Arteriosclerosis
Sarcoma left lung

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19. _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. B. ... M. D.
(Address) Jefferson City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Ford P. Dulle

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Ford P. Dulle

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City*

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, above space should be left blank.