

REC'D APR 18 1939

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

10950
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township Clinton Primary Registration District No. 30-1-2 Registered No.
(c) City Clinton, Mo. or Clinton, Mo. (d) Street No. 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 Margaretta Virginia Dehn

(a) Residence, No. R. 7, 10 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF George Dehn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
67 7 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Macoupin Co. (STATE OR COUNTRY) Illinois

13. NAME William Arthur

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

15. MAIDEN NAME Margaretta Dawson

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

17. INFORMANT Mrs. Jessie Dehn (ADDRESS) Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 3-19 1939

19. FUNERAL DIRECTOR (NAME) Consuelo Beck (ADDRESS) Clinton, Mo.

20. FILED 3-20 1939 Dr. J. B. Blompton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1939, to Mar 17 1939
I last saw her alive on Mar 16 1939. Death is said to have occurred on the date stated above, at 5:10 A.M.
The principal cause of death and related causes of importance were as follows:

Suber pneumonia Date of onset Mar 13/39

Other contributory causes of importance: Influenza Mar 5/39

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

23. If death was due to external causes (violent), 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 none
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) J. B. Blompton M. D.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

174 ghr

RECEIVED
District Health Officer No. 7,
District File Number 7-39-65-d -
Date Filed 4-17-39

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 M. D. Snaw

Licensed Embalmer No. 4034

P. O. Address Clinton, 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, above space should be left blank.