

U. S. No. 2  
FORM-2-43  
Rev. 5-17-39  
3-1 X356

22013

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED JUN 28 1943  
Registration District No. 220

Primary Registration District No. 5792

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

1. PLACE OF DEATH:

(a) County Monticau

(b) City or town High Point Rural Hamlet  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau

(c) City or town High Point Rural Hamlet  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes  No )

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARTHA J. DUTCHER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19, year 1943, hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 1, 1943 to June 19, 1943, that I last saw h. er alive on June 19, 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 12 1858  
(Month) (Day) (Year)

Immediate cause of death Uremia 3 days

8. AGE: Years 84 Months 9 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Chronic Interstitial nephritis 10 yrs.

9. Birthplace Russellville (City, town, or county) MO. D. (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Joseph Procter

Major findings: Of operations \_\_\_\_\_

13. Birthplace Russellville (City, town, or county) MO. (State or foreign country)

Of autopsy \_\_\_\_\_

14. Maiden name Martha Phillips

15. Birthplace Illinois (City, town, or county) \_\_\_\_\_ (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Lois Dutcher

(b) Address High Point, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation High Point Cem

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director [Signature]

(b) Address Russellville MO.

While at work? \_\_\_\_\_ (Specify type of place) (c) Manner of injury \_\_\_\_\_

19. (a) 6-22-43 (Date received local registrar) (b) Mrs. G. D. Tring (Registrar's signature)

23. Signature E. B. Shelton (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

MARTHA T. DITCHER

1828

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

*G. N. Steffens*

Licensed Embalmer No. 2307

P. O. Address

*Russville 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.