

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32147

OCT 8 1943 24
Registration District No. 24

Primary Registration District No. 3046

State File No. _____
Registrar's No. 120

1. PLACE OF DEATH: Moniteau Co
(a) County. Moniteau Co
(b) City or town. California, Mo. ~~Walter~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
in this community. years, months or days)

3. (a) PRINT FULL NAME Margie Ann Son
3. (b) If veteran, No name war
3. (c) Social Security No. NO
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 3 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 7 18 hr. min.

9. Birthplace Moniteau Co
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Jessie Martin

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

14. Maiden name Perthenia Harris
(City, town, or county) (State or foreign country)

15. Birthplace Kent
(City, town, or county) (State or foreign country)

16. (a) Informant ~~John Blalock~~

(b) Address ~~California, Mo.~~

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. Sept. 23. 43
(Month) (Day) (Year)

(c) Place: burial or cremation. Burk Cent

18. (a) Signature of funeral director. Bowlin Funeral Home
(b) Address. California, Mo.

19. (a) 9-23-43 (b) ~~A. G. Miller~~
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 68
(a) State Missouri (b) County Moniteau
(c) City or town. California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-4- day Sep.
year 1943 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from 9-20 1943 to 9-21- 1943

that I last saw her alive on 9-21- 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 1 da

Due to Cerebral Hemorrhage

Due to

Other conditions 83w

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence

(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. R. Robery (M. D. or other) 2nd

Address California, Mo. Date signed 9-23-43

1312

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Earl R. Dorelin*

Licensed Embalmer No. *2126*

P. O. Address..... *California*

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.