

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24975**
Registrar's No. **8**

Registration District No. **212**

Primary Registration District No. **5292**

1. PLACE OF DEATH:

(a) County **Cole**
(b) City or town **Purcell**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **At Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **years**
(Specify whether years, months or days)

2. (a) PRINT FULL NAME **Margaret F. DeLacretaz**

3. (b) If veteran, name war **—**
3. (c) Social Security No. **yes**

4. Sex **Female**
5. Color or race **white**
6. (a) Single, widowed, married, divorced, **widow**

6. (b) Name of husband or wife **—**
6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **July 14 1853**
(Month) (Day) (Year)

8. AGE: Years **86** Months **11** Days **8**
If less than one day **—** hr. **—** min.

9. Birthplace **X Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **HOME**

12. Name **Jacob Detherow**

13. Birthplace **X Pa.**
(City, town, or county) (State or foreign country)

14. Maiden name **ANNA Hannah**

15. Birthplace **X Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Leon B. Mitchell**
(b) Address **Olean, Mo. Rt 1**

17. (a) **Burial** (b) Date thereof **6-24-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Campbell Cem.**

18. (a) Signature of funeral director **Keithen Lays**
(b) Address **Kellogg, Mo.**

19. (a) **June 23-40** (b) **M. F. L. Glone**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**
(c) City or town **Purcell**
(If outside city or town limits, write "RURAL")
(d) Street No. **4 Mi. East of Springgarden**
(If rural, give location) **Mo.**
(e) If foreign born, how long in U. S. A. **—** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22**
year **1940** hour **8** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **June 21, 1940** to **June 22, 1940**
that I last saw him alive on **June 21, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of neck**

Due to **Chronic Infants**

Due to **57**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **—**

Of autopsy **740**

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?

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

23. Signature **Geo. H. B. Hurley** (M. D. or other) **—**
Address **Olean, Mo.** Date signed **July 40**

Eldon

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.....

Licensed Embalmer No.....

P. O. Address.....

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.