

FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28892

Registration District No. 1195

Primary Registration District No. 4336

Registrar's No.

1. PLACE OF DEATH:

- (a) County Moniteau Co.
 (b) City or town Clarksburg, Mo. -Morrow
 (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 Life years, months or days) (Specify whether

3. (a) PRINT FULL NAME Martha C. Dilse

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex 1 5. Color or race 7 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 6 1868
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 20 hr. min.

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

10. Usual occupation House Wife

11. Industry of business

12. Name William Smith
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Cathrine Hickman
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Grace M. Dilse

(b) Address Clarksburg, Mo.

17. (a) Burial (b) Date thereof Aug. 27, 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemt

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Moniteau 68
 (c) City or town Clarksburg, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 5 July 1941 to Aug 26 1941
 that I last saw her alive on Aug 24 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Sudden disease
Condition of liver and gall bladder, probably a carcinoma Duration 6 Mo.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

PHYSICIAN

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. H. Lerner (M. D. or other)
 Address Tapton Mo. Date signed 8/27/41

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 Frank O. Boulton

Licensed Embalmer No. 4126

P. O. Address California 272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.