

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

10244
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 300 Registered No. 325
 (c) City St. Joseph Street No. Mo. Metho. Hosp. St.
 (e) Length of residence in city or town where death occurred yrs. mos. 19 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 0 St. Mo. (Usual place of abode, if no street address, write county or city) Marionville Mo. (If nonresident, give city or town and State) R. #5

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 OF (OR) WIFE OF C. F. Neil
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 - 1882
 7. AGE YEARS 57 MONTHS 5 DAYS 0 IF LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) Wetcall Co. O

13. NAME Delana Sherard

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

15. MAIDEN NAME Margaret Clark

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

17. INFORMANT C. F. Neil (ADDRESS) Marionville Mo. R.R. 5

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairport - Mo. DATE March 24 1940

19. FUNERAL DIRECTOR (NAME) Dea J. Grover (ADDRESS) Pattersonburg Mo.

20. FILED Mar. 22 1940 H. J. Westlake Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 1940
 22. I HEREBY CERTIFY, That I attended deceased from Mon 3, 1940, to Mon 22, 1940.
 I last saw her alive on Mar 22, 1940. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 2-21-40
anemia secondary
to Hypertensive hypertension

Name of operation none Date of none
 What test confirmed diagnosis? urinal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury none, 1940
 Where did injury occur? none (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 none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) H. P. Kearny, M. D.
 (Address) St. Joseph Mo.

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.

FORM 10-38 I X 18803

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} ~~was~~ embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Isa L. Groner

Licensed Embalmer No. 3022

P. O. Address. Pattonburg 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.