

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10533

State File No. \_\_\_\_\_

FILED APR 11 1942 6'  
Registration District No. \_\_\_\_\_

Primary Registration District No. 625-1

Registrar's No. 101e

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Bruner, Mo  
(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) 1

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

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

3. (a) PRINT FULL NAME Maud Gardner Burgess Rathbun

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Benard J. Rathbun 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 30 1878  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>63</u>	<u>6</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace \_\_\_\_\_ (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House work

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

12. Name William Gardner 9

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Gardner

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Weldon Rathbun  
(b) Address Bruner, Missouri

17. (a) Burial (b) Date thereof 3/16/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walker Cemetery

18. (a) Signature of funeral director Otto Karlsen  
(b) Address Sparta, Mo

19. (a) 4/8/42 (b) Wm S M Johnson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian <sup>0220</sup>

(c) City or town Bruner  
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug. 12 - 1939, to Mar. 15 - 1942 that I last saw her alive on Mar. 14 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 Month

Due to High blood pressure (idiopathic) 3 years

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

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

Major findings: 83a **PHYSICIAN**  
Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Of autopsy \_\_\_\_\_

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 motor  
23. Signature Warren W. Nelson (M. D. or other) 4460  
Address Sparta, Mo Date signed 4/8/42

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.....

*T. B. Chaffin*

Licensed Embalmer No.....

*2192*

P. O. Address.....

*Ozark 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.**