

14839

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 502

Primary Registration District No. 5668

FILED MAY 23 1942

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Marceline Mo.
(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 40 years
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln
(c) City or town Marceline
(d) Street No. S. Kans.
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Margaret Charlotte Raub
(b) If veteran, name war
(c) Social Security No.

20. DATE OF DEATH: Month May day 9
year 1942 hour 10 minute 30.9 M.

4. Sex FEMALE 5. Color or race white
6. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife Wm H Raub
6. (c) Age of husband or wife if alive 14 years
7. Birth date of deceased Feb 14 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 5 1942 to May 8 1942
that I last saw her alive on May 8 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 2 Days 25
If less than one day hr. min.

Immediate cause of death Pulmonary tuberculosis
Due to over 2 yrs

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

Other conditions 13 1/2
(Include pregnancy within 3 months of death)

10. Usual occupation housekeeper
11. Industry or business
12. Name Isaac Linebaugh
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Wake
15. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations 13 1/2
Of autopsy

16. (a) Informant's own signature Mrs. W. W. Kitchener
(b) Address Marceline Mo
17. (a) Burial (b) Date thereof May 11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stanley Cemetery
18. (a) Signature of funeral director James M. Laughlin
(b) Address Marceline Mo
19. (a) 5-11-1942 (b) H. W. Cowan
(Date received local registrar) (Registrar's signature)

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) (2) Means of injury
23. Signature John W. Cowan, M.D.
Address Marceline Mo. Date signed 5/19/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

50M-5-17-39
REV. 1-10-39
1 X1931



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 Blanche M. Langhlin
Licensed Embalmer No. 1909
P. O. Address Marceline 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.