S. No. 2
M—1-4-41
v. 5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13989

State File No.

Registration District No. 60 Primary Registration District No. 4106 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Jerico Spgs Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 20

(a) State Missouri (b) County Cedar 0

(c) City or town Jerico Springs 0
(If outside city or town limits, write "RURAL")

(d) Street No. — — — —
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country — — — 0

3. (a) PRINT FULL NAME MARY LUVENA DEARDORFF

3. (b) If veteran, name war 0

3. (c) Social Security No.

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 DEC (Month) 7 (Day) 1872 (Year)

8. AGE: Years 71 Months 3 Days 13 If less than one day hr. min.

9. Birthplace JERICO SPGS (City, town, or county) CEDAR-CO (State or foreign country)

10. Usual occupation FARMING

11. Industry or business OWNER

FATHER
12. Name ROBERT McNEALE
13. Birthplace PRINCE EDWARD ISLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LUCIE BRASHIER
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant Mildred L. Moore
(b) Address Platte City, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation BRASHIER CEMETRY

18. (a) Signature of funeral director D P Mitchell
(b) Address JERICO SPGS

19. (a) Apr. 27, 1943 (Date received local registrar) (b) J. P. Schoen (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 20 TH.
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 1-6-43, 19, to 4-20, 1943
that I last saw her alive on 4-20 43, 19
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertention and Chronic Nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

131 P

Duration

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

23. Signature G B Banister (M. D. of other)
Address Jerico Spring Mo Date signed 4-20-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 4-43-135
Date Filed 5-3-43

MAY 20 1943

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~~ O. P. Mutchee, Registered Apprentice No. ✓, working under my personal supervision.

Signed O. P. Mutchee

Licensed Embalmer No. 1808

P. O. Address JERICO SPGS

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.