

S. No. 2
 OM-2-43
 v. 5-17-39
 X35897

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **6769**
 Registrar's No. **17**

FILED FEB 15 1946

Registration District No. **290**

Primary Registration District No. **5987**

1. PLACE OF DEATH:
 (a) County **Pulaski**
 (b) City or town **Rural Union**
 (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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Pulaski**
 (c) City or town **Rural Union**
 (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 _____

3. (a) PRINT FULL NAME **Margaret Alice McMaster**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **2** day **1**
 year **1946** hour **8** minute **A. M.**
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw **her** alive on **January 31 1946**, 19____,
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: **7** (Month) **1** (Day) **1863** (Year)

Immediate cause of death: **Cerebral Hemorrhage**
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: **830**
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
82 **7** **0** _____ hr. _____ min.

9. Birthplace **Arkansas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Charles Spurgeon**
 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Roy Slone**
 (b) Address **Dixon, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2 / 3 / 1946** (Month) (Day) (Year)
 (c) Place: burial or cremation **Dixon**

18. (a) Signature of funeral director **Fred H. Gilbert**
 (b) Address **Dixon, Missouri**

19. (a) **2-1-1946** (Date received local registrar) (b) **Chas M. Dodd** (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) (c) Means of injury _____
 23. Signature **K. W. Michigan** (M. D. or other) **A. O.**
 Address **Dixon, Mo** Date signed **2/3/46**

2105 (Licensed Embalmer's Statement on Reverse Side)

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

85
 0
 0

5725

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.....

Feb. 11 - 46

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Fred M. Gilbert*

Licensed Embalmer No. *2341*

P. O. Address *Dixon, Missouri*

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.