

No. 2  
4-5-43  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26830

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

FILED AUG 18 1948

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 53

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution: NONE 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether)

In this community 20 YRS.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON 50

(c) City or town De Soto 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 14a STEWART ST. 2  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARGARET ELIZABETH SLOAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9  
year 1948 hour 10 minute 25 PM.

21. I hereby certify that I attended the deceased from 16 Mar 1948 to 9 Aug 1948  
that I last saw her alive on 9 Aug 1948  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Feb 23 1889  
(Month) (Day) (Year)

Immediate cause of death Chr. M myocardia  
nephro-sclerosis  
Hypertension

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

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

Other conditions —  
(Include pregnancy within 3 months of death)

Duration years  
months  
days

PHYSICIAN —

Underline the cause to which death should be charged statistically.

8. AGE: Years 59 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

Major findings: Of operations —

Of autopsy — 938

MOTHER FATHER {

11. Industry or business —

12. Name Louis Sanchgram

13. Birthplace Washington Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Wall

15. Birthplace Washington Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. E. Coleman

(b) Address 610 N. 2nd St. De Soto Mo

17. (a) BURIAL (b) Date thereof Aug. 12 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. De Soto, Mo

18. (a) Signature of funeral director J. Lee Mothershead

(b) Address De Soto Mo

19. (a) 8/13/48 (b) Marie Harris  
(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)

(e) Means of injury \_\_\_\_\_

23. Signature Paul V. Neffert (M. D. or other) MD

Address De Soto Mo Date signed 10 Aug 48

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

RECEIVED  
District Health Officer No. 9,

District Health Officer

Practice File Number

AUG 16 1949

Date Filed

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.....

.....  
working under my personal supervision.

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

Signed

*J. S. Mothershead*

Licensed Embalmer No. *3531*

P. O. Address. *DeSoto m*

**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. .