

DEC'D JUL 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21537

Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135
 (b) Township Carrollton Primary Registration District No. 3010 Registered No. 70
 (c) City Carrollton (d) Street No. South Side Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Cleveger 415
 (a) Residence, No. Brayner Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dan Cleveger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12-1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 0 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brayner Mo.

13. NAME Mr. Wm. McPee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brayner Mo.

15. MAIDEN NAME Mary Holder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brayner Mo.

17. INFORMANT (ADDRESS) Dan Cleveger
Brayner Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Brayner Mo. DATE 6/25 1938

19. FUNERAL DIRECTOR (ADDRESS) Willie's Funeral Home
Carrollton Missouri

20. FILED 6/24 1938 John Hoskins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1938 to June 24, 1938

I last saw her alive on June 24, 1938 Death is said

to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Puerperal septicemia Date of onset

(puer peral.) 14 30

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) W. McPee M. D.

(Address) Brayner Mo.

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham, Licensed Embalmer No. 4009

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Ralph Van Landingham
Licensed Embalmer No. 4009

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.)