

DEC 22 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

40126

Do not use this space.

## 1. PLACE OF DEATH

(a) County Randolph

(b) Township

(c) City Moberly

(e) Length of residence in city or town where death occurred

Registration District No. 735Primary Registration District No. 3034(d) Street No. 115 So. 5th (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 115 So. 5th

(Usual place of abode, if no street address, write county or city)

St. ☐

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Lewis W. McKinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Apr. 11th 1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

93626

OCCUPATION

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

At home

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)

Mo

FATHER

13. NAME

Charles Ustick

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

Va

MOTHER

15. MAIDEN NAME

Susan Rogers

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

Va

17. INFORMANT (ADDRESS)

S. R. McKinney Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Moberly

DATE

Nov. 8th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Mahan & Son Moberly, Mo

20. FILED

Nov 7 1938Elmer ButlerLocal Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6th 193822. I HEREBY CERTIFY, That I attended deceased from Nov 6 1938, to Nov 6 1938I last saw her alive on Nov 6 1938. Death is said to have occurred on the date stated above, at 5:00 P. M.

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

Cerebral Hemorrhage

Date of onset

Nov 6 1938

Other contributory causes of importance:

Arterio Sclerosis

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

What test confirmed diagnosis? Chemical Was there an autopsy? no

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? no

If so, specify

(Signed) M. R. Roland, M. D.(Address) Moberly, Mo.

RECEIVED

District Health Officer No. 10

District File No. 10-28-154

Date Filed 12-12-38

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

*Frank D. D. Witt*

Licensed Embalmer No. 3021

P. O. Address Moberly 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.