

36987

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 190

1. PLACE OF DEATH:

(a) County Randolph **NOV 20 1939**

(b) City or town Moberly Mo

(c) Name of hospital or institution: 1129 Quinn 2  
(If outside city or town limits, write "RURAL" and name of township)

(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 Randolph

(c) City or town Moberly  
(If outside city or town limits, write "RURAL")

(d) Street No. 1129 Quinn  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Lavina Lowe 0871

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W.

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

6. (b) Name of husband or wife William Lowe 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased no data  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>about 80</u>			hr. min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Edward White

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Patty White

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant's own signature Mrs Claude McCormick

(b) Address Moberly Mo

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof Oct 3<sup>rd</sup> 1939  
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Maham and Son

(b) Address Moberly Mo

19. (a) Oct 3-1939 (Date received local registrar) (b) Paul Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1<sup>st</sup> year 1939 hour 11 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 28 1939 to Oct 1 1939; that I last saw her alive on Oct 1 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration months

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature R. E. Huber (M. D. or other) \_\_\_\_\_

Address Moberly Mo Date signed Oct 5/39

925 (Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 11-39-1949

Date Filed NOV 15 1939

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 S. DeWitt*

Licensed Embalmer No. 3821

P. O. Address.....

*Moberly*

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.