

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 44408Registration District No. 735Primary Registration District No. 3034Registrar's No. 233

1. PLACE OF DEATH:

- (a) County Randolph 2
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
312 Wightman
 (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)3. (a) PRINT FULL NAME May S. Jennings 552

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 9th 1883
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
56 7 1 _____ hr. _____ min.9. Birthplace Moberly Mo
(City, town, or county) (State or foreign country)10. Usual occupation At home

11. Industry or business _____

12. Name Howard P. Jennings13. Birthplace Pa
(City, town, or county) (State or foreign country)14. Maiden name Mollie B. Bassett15. Birthplace Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Otto Megee(b) Address Moberly, Mo17. (a) Burial (b) Date thereof Dec 12 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Moberly Mo18. (a) Signature of funeral director Madison and Sen(b) Address Moberly, Mo19. (a) Dec 12 '39 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

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. 312 Wightman
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th
year 1939 hour 8 minute 15 P. M.21. I hereby certify that I attended the deceased from Oct 20
1939, to Dec, 10, 1939that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death:

Cancer Liver
Due to Death

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: no
Of operationsOf autopsy no

Duration

20
10
15

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) no
 (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 Otto Megee (M. D. or other) !
Address Moberly, Mo Date signed 12/12/39

RECEIVED

District Health Officer No. 10

District File Number 1-40-156

Date Filed JAN 11 1940

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. Wetli
Licensed Embalmer No. 3821
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.