

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 3473  
 Registrar's No. 5

Registration District No. 735 Primary Registration District No. 3034

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:  
1312 Wright Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether  
 In this community 15 years (Specify whether  
 years, months or days) 260

3. (a) PRINT FULL NAME ELMER JANE ESPY  
 3. (b) If veteran, name war 1 3. (c) Social Security No. 491-140-232

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
 6. (b) Name of husband or wife Jim Gray 6. (c) Age of husband or wife 63 years  
 Birth date of deceased May 24 1929  
 (Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

MOTHER FATHER  
 12. Name John W. Reed  
 13. Birthplace Missouri  
 14. Maiden name Lara Alwidge  
 15. Birthplace Randolph Co  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joe Moore  
 (b) Address 2480 Winston Ave Moberly

17. (a) Burial (b) Date thereof 1-13-50  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion Church

18. (a) Signature of funeral director Southwestern Stone  
 (b) Address Moberly Mo.

19. (a) 1-13-1940 (b) Paul Williams  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Randolph  
 (c) City or town Moberly Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1312 Wright Ave (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 10  
 year 1940 hour 50 minute 50 P. M.  
 21. I hereby certify that I attended the deceased from Nov. 21  
 \_\_\_\_\_, 1939, to Jan. 10, 1940  
 that I last saw her alive on Jan. 7, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration Months

Due to Chronic Myocarditis

Due to Auricular Fibrillation  
 Other conditions None  
 (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None  
 (Specify type of place) (c) Means of injury

22. If death was due to external causes, fill in the following: No  
 (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?

23. Signature Walter B. Hunter (M. D. or other) M.D.  
 Address Moberly, Mo Date signed 1/13/40

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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. WHILE I TRAIN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 2-40-395

Date Filed FEB 10 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 Myself

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

working under my personal supervision.

Signed Chas E Barnes

Licensed Embalmer No. 2414

P. O. Address Woburn Mass

**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.**