

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12141

State File No. _____

APR 1 1940

Registration District No. 735Primary Registration District No. 3034Registrar's No. 56

1. PLACE OF DEATH:

- (a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
700 Cleveland
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether

In this community _____
 years, months or days3. (a) PRINT FULL NAME Edward James Page (Jr.)

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Rosalie Page 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased June 4th 1864
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
75 9 13 hr. _____ min.9. Birthplace _____
 (City, town, or county) (State or foreign country) mo O10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name Samuel Page13. Birthplace _____
 (City, town, or county) (State or foreign country) Ky - 114. Maiden name Unknown15. Birthplace _____
 (City, town, or county) (State or foreign country) 416. (a) Informant's own signature Mrs Rosalie Page(b) Address Moberly mo17. (a) Burial (b) Date thereof Mich. 19th 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Moberly, mo18. (a) Signature of funeral director Malden and Son(b) Address Moberly -19. (a) Mar 17 - 1940 (b) Frank 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. 700 Cleveland
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
 year 1940 hour 3 minute 15 a.m.21. I hereby certify that I attended the deceased from MAR 17
10th 1940 to MAR 17 1940
 that I last saw him alive on Mar 17 1940
 and that death occurred on the date and hour stated above.Immediate cause of death Pernicious Anemia Duration _____

Due to _____

Due to _____

Other conditions Heart - coronary arteries
 (Include pregnancy within 3 months of death)
Lab. Curdled.

Major findings: _____

Of operations _____

Of autopsy _____

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)
 (e) Means of injury _____23. Signature M. D. or otherAddress Moberly, Mo Date signed 3/18/1940

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. 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.