

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12154

State File No. _____

Registration District No. 735Primary Registration District No. 3034Registrar's No. 72

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:
310 So Clark
 (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 days)8. (a) PRINT FULL NAME Rose Blaine 450

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

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

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

7. Birth date of deceased May 22nd 1860
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
79 10 5 hr. min.9. Birthplace _____
(City, town, or county) (State or foreign country) Ill. 110. Usual occupation At home

11. Industry or business _____

12. Name Unknown 913. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name _____
(City, town, or county) (State or foreign country) 916. (a) Informant's own signature Mrs. Clifford Gilbert(b) Address Moberly, Mo17. (a) Burial (b) Date thereof Mch 29th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place of burial or cremation Moberly, Mo18. (a) Signature of funeral director Mahan and Son(b) Address Moberly19. (a) Mar. 29 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
 (If outside city or town limits, write "RURAL")
 (d) Street No. 310 So Clark
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th
year 1940 hour 11 minute _____ P. M.21. I hereby certify that I attended the deceased from June 12
_____, 1939, to March 27, 1940
that I last saw her alive on March 27, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Arteriosclerosis
and Endocarditis

Duration

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?

9:45
While at work? _____ (Specify type of place)
(a) Means of injury _____23. Signature P. O. O'Sh (M. D. or other) 1
Address Moberly Mo Date signed 3/29/40

RECEIVED

District Health Officer No. 10

District File Number 4-40-879

Date Filed APR 16 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. DeWitt

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.