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10-39
7-39
K21492

Registration District No. 135

Primary Registration District No. 3034

Registrar's No. 118

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: Wabash
(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

8. (a) PRINT FULL NAME Hivingson L Titus

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

4. Sex male 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: Feb 24th 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Retired Bridge Carpenter

11. Industry or business Wabash RR

12. Name Zebedee Titus

13. Birthplace unknown (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Fred S. Titus

(b) Address Kansas City, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 11, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Moulton, Iowa

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly

19. (a) June 11, 1940 (Date received local registrar) (b) Seah Williams (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. 1 Taylor St (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1940 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 2, 1940, to June 9, 1940, that I last saw him alive on June 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastro-enteritis

Due to _____
Due to _____

Other conditions Terminal Pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation
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? Yes

23. Signature W. Roland Lanter (Specify type of place) _____ (M. D. or other)

Address Moberly, Mo Date signed 6/10/40

Duration 10-11 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 7-40-1469

Date Filed JUL 15 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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.