

AUG 23 1940

Registration District No. 235Primary Registration District No. 3034Registrar's No. 139

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:
McCormick Hospital
 (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) 5-15

8. (a) PRINT FULL NAME Laura Jo Dunivent

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

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

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

7. Birth date of deceased July 11th 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
5 hr. _____ min.

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

10. Usual occupation _____ U11. Industry or business _____ U12. Name Thomas T Dunivent

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

14. Maiden name Nois Cook
 15. Birthplace _____ (City, town, or county) Mo (State or foreign country) U

16. (a) Informant Thomas T. Dunivent(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof July 12, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo(a) Signature of funeral director Mahan and Son(b) Address Moberly, Mo

19. (a) July 12-40 (b) Leah Williams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
 year 1940 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from
July 11, 1940, 19 to July 11, 1940, 19
 that I last saw er alive on July 11, 1940, 19
 and that death occurred on the date and hour stated above.

Immediate cause of death
Status Thymo-Lymphaticus

Due to _____

Due to _____

Other conditions
 (Include pregnancy within 3 months of death) U

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? U

9:25 (Specify type of place)
 While at work? (e) Means of injury _____

23. Signature Le Nickel MD (M. D. or other) UAddress Moberly, Missouri Date signed 7-11-40

RECEIVED

District Health Officer No. 10

District File Number 8-40-1573

Date Filed AUG 8 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.....

Licensed Embalmer No.....

P. O. Address.....

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.