

STANDARD CERTIFICATE OF DEATH

29447

State File No.

NOV 25 1940

Registration District No. 735

Primary Registration District No. 3034

Registrar's No.

169

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: 614 So Ault 2
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(d) Street No. 614 So Ault
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Marcella Eubanks

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

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

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

7. Birth date of deceased. apl. 30th 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 21 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Ben Williams 9

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

14. Maiden name " 9

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

16. (a) Informant Mrs Ruth Eubanks

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Aug 23rd 1940
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

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

19. (a) Aug 23-1940 (b) Pearl Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21st
year 1940 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 2
1940 19 to Aug 21 1940
that I last saw her alive on Aug 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Bronchial pneumonia 7 days

Due to _____
Due to _____
Other conditions 1070
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations none
Of autopsy none
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) no
(b) Date of occurrence none
(c) Where did injury occur? none
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no
(e) Means of injury _____
23. Signature Martin P. Hunter (M. D. or other MD)
Address Moberly, Mo Date signed Aug 23, 1940

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

RECEIVED

District Health Officer No. 10

District File Number 9-40-1817

Date Filed SEP 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. DeWitt

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 with the above constitutes grounds for revocation of license.)

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