

1-10-39
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X21492

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

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 185

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:
605 So 4th St
(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)
3. (a) PRINT FULL NAME Julia Catherine Fidler
3. (c) Social Security No. _____
3. (b) If veteran, name war _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 18th 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 6 17 hr. min.

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

10. Usual occupation At home

11. Industry or business _____
12. Name Hartley P. Fetty
13. Birthplace _____
(City, town, or county) (State or foreign country) Va
14. Maiden name Catherine Mc Rogers
15. Birthplace _____
(City, town, or county) (State or foreign country) Va

16. (a) Informant Mrs Mary McCanne
(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Sep. 8th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clifton Hill, Mo

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

19. (a) Sep 8-40 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 605 So. 4th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 5th
year 1940 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 3 to Sept 5, 1940, that I last saw her alive on Sept 5 and that death occurred on the date and hour stated above.

Immediate cause of death acute intestinal obstruction Duration Sept 3/40

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 _____
(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? 925
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature L E Miller (M. D. or other) _____
Address Moberly Mo Date signed 9/8/40

122A

RECEIVED

District Health Officer No. 10

District File Number 10-40-1983

Date Filed OCT 24 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36152**
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **735**

Primary Registration District No. **3034**

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

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Proberly**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

3. (a) PRINT FULL NAME

Julia Catherine Fidler

MEDICAL CERTIFICATION

(b) If veteran name war _____

(c) Social Security No. _____

20. DATE OF DEATH Month **9** day **5**
year **1940** hour _____ minute _____ M.

4. Sex **7** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **wid**

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **86** Months **6** Days **17** If less than one day _____ min.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Intestinal Obstruction from probably Intussusception?**
Due to _____
Due to _____

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
122 B

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____

23. Signature **R E Fidler** (M. D. or other) _____

Address _____ Date signed _____

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