

FILED DEC 20 1940

735

Primary Registration District No. **3034**

Registrar's No. **235**

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

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_  
years, months or days) 2

3. (a) PRINT FULL NAME Janie Mounce

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 Widow

6. (b) Name of husband or wife Alex Mounce 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 17 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 8 29 hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Hiram Gibson

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

14. Maiden name Martha Jones

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

16. (a) Informant Mrs C. C. Hon.

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Nov 18 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burton Cem Higbee Mo

18. (a) Signature of funeral director oe W Burton

(b) Address Higbee Mo

19. (a) Nov 18-40 (b) Seal Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph

(c) City or town Moberly Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 716 S. McLean  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16  
year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov-16  
9 AM, 1940, to Nov 16 - 9:30 PM, 1940

that I last saw her alive on Nov-16-, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Aphyxia

Due to Caused by furnace gas furnace

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov 16 - 1940

(c) Where did injury occur? Home Moberly Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W A Mead (M. D. or other)

Address Moberly Mo Date signed 11/18/40

Duration: 11 hrs  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 12-40-2356

Date Filed DEC 17 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 Me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Evel Roberson

Licensed Embalmer No.

4101

P. O. Address

Highbe, 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.