

DEC 20 1940

Registration District No. **735**

Primary Registration District No. **3034**

Registrar's No. **242**

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

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: Woodland 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 1

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. 712 McKinley
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Dessie Nadine Day

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-14-0629

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

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

7. Birth date of deceased: March 19th 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 7 25 hr. min.

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

10. Usual occupation Operator

11. Industry or business Songette Beauty Shop

12. Name James O. La Force

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

14. Maiden name Mary C. Pigg

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

16. (a) Informant Arthur A Day

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Nov 23rd 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

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

(b) Address Moberly Mo

19. (a) Nov 23-40 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Nov day 21st
year 1940 hour 2 minute 20 a.m.

21. I hereby certify that I attended the deceased from October 10, 1940, to Nov 21, 1940
that I last saw her alive on Nov 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____
Due to _____

Other conditions Double Malaria Infection
(Include pregnancy within 3 months of death)

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

23. Signature M R Koland (M. D. or other)
Address Moberly Mo Date signed Nov 23, 1940

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 12-40-2352

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank B. Witt

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.