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23159

JAN 25 1941 735
Registration District No. _____

Primary Registration District No. 3034

Registrar's No. 254

1. PLACE OF DEATH: *Randolph Moberly*

(a) County _____
 (b) City or town _____
 (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 *abd her life* years, months or days) _____ 2

3. (a) PRINT FULL NAME *Zella Burton*
 3. (b) If veteran name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife *Roy Burton* 6. (c) Age of husband or wife if alive *49* years

7. Birth date of deceased *March 10 1891*
 (Month) (Day) (Year)

8. AGE: Years *49* Months *9* Days *2* If less than one day _____ hr. _____ min.

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

10. Usual occupation *House wife*

11. Industry or business _____

MOTHER FATHER { 12. Name *Tom Mass*
 13. Birthplace *Macon Mo.*
 (City, town, or county) (State or foreign country)
 14. Maiden name *Brooke Ann Sistrup*
 15. Birthplace *Macon Mo.*
 (City, town, or county) (State or foreign country)

16. (a) Informant *Wm Bruce Williams*
 (b) Address *109 E. Coats Moberly Mo*

17. (a) *Burial* (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation *Wm. Sloan Cem B-14-40*

18. (a) Signature of funeral director *Stephen Gooding*
 (b) Address *Macon, Mo.*

19. (a) *Dec 14-40* (b) *Paul 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. *1028 Boncannon St.*
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Dec.* day *12*
 year *1940* hour *2* minute *45* A.M.

21. I hereby certify that I attended the deceased from *Feb-18-1938*
 _____, 19____ to *Dec-12-* 19*40*
 that I last saw her alive on *Dec-11-* 19*40*
 and that death occurred on the date and hour stated above.

Immediate cause of death *Cancer of cervix uteri. It finally became disseminated throughout the body.* Duration *3 yrs.*

Due to _____

Due to _____

Other conditions *none*
 (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) _____
 (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?
995 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature *E. H. Shrader* (M. D. or other) _____
 Address *Moberly, Mo.* Date signed *12/13-40*

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

RECEIVED

District Health Officer No. 10

Case File Number 1-41-164

Date Filed JAN. 16. 1941

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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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, fact should be so stated above.