

JAN 25 1941  
Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 767

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(c) Name of hospital or institution:  
205 E. Coates  
(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

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. 205 E. Coates  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Marion Sue Crose

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

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

7. Birth date of deceased Dec 9<sup>th</sup> 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 12 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name Herbert B Crose

18. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Mammie Maupin

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

16. (a) Informant Herbert B Crose

(b) Address Moberly Mo

17. (a) \_\_\_\_\_ (b) Date thereof Dec 8 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Marion and son

(b) Address Moberly

19. (a) Dec 31-40 (b) Paul H. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21<sup>st</sup>  
year 1940 hour \_\_\_\_\_ 8 minute \_\_\_\_\_ a.m.

21. I hereby certify that I attended the deceased from Dec 9<sup>th</sup>  
1940 to Dec 21<sup>st</sup> 1940  
that I last saw her alive on Dec 20<sup>th</sup> 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Stomach Lymphatic

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

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

Other conditions 6/1  
(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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature M. B. Kessler (M. D. or other) \_\_\_\_\_

Address Moberly, Mo. Date signed 12/21-1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-155

Date Filed JAN 16 1949

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.....

Licensed Embalmer No.....

P. O. Address.....

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.