

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 8

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: 11040 West End Pl.  
(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

8. (a) PRINT FULL NAME Lucy Booth

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. ✓

4. Sex Female 5. Color of race Race 6. (a) Single, widowed, married, divorced, widowed

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

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

8. AGE: Years Months Days If less than one day  
About 75 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name Joel Williams  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Gordon  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. V. M. Barth

(b) Address 1040 West End

17. (a) Burial (b) Date thereof Jan - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly mo

18. (a) Signature of funeral director G. J. Carr

(b) Address 417 N. 5th St. Moberly mo

19. (a) 1/4/41 (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. 1040 West End pl.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2  
year 1941 hour 5 minute 23 M.

21. I hereby certify that I attended the deceased from Jan 1 - 1940  
Jan 2, 1941 to Jan 2, 1941  
that I last saw her alive on Jan 2, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis

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

Due to 47

Other conditions (include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

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? \_\_\_\_\_

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

23. Signature Paul C Davis (M. D. or other) M.D.  
Address Moberly mo Date signed 1/4/41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 12 1957

RECEIVED

District Health Officer No. 10

District File Number 2-41-415

Date Filed FEB 19 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 Robert L. Carr

Licensed Embalmer No. 3190

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.