

No. 2
1-13-40
-17-39
I X231

State File No. _____

Registration District No. _____

735

Primary Registration District No. _____

3034

Registrar's No. _____

65

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution 626 Taylor
(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. 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. 626 Taylor
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1941 hour 6 minute 45 a. M.
21. I hereby certify that I attended the deceased from Feb 10, 1941
to March 15, 1941
that I last saw her alive on March 2, 1941
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Maude Barnes Slater

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color of hair White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Oct. 18th 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Thomas W. Hutton

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

14. Maiden name Sarah Kalmbacher

15. Birthplace Pa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jesse Orr

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof March 17th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osage

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

(b) Address Moberly Mo

19. (a) March 17-41 (b) Leah Wellman
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cachexia
Due to Squamous cell carcinoma of the right eye lid
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 570
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? _____

23. Signature W. L. Fleming (M. D. _____)
Address 300 1/2 W. 11th St. Moberly Date signed March 17, 1941

RECEIVED

District Health Officer No. 10

District File Number 4-41-783

Date Filed APR 14 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 Frank D. DeHull

Licensed Embalmer No. 3021

P. O. Address Proberly, Wis

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.