

No. 2-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18792
Registrar's No. 103

FILLED JUN 16 1941

Registration District No. 735 Primary Registration District No. 3034

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly, Missouri
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Moberly, Missouri 6
(If outside city or town limits, write "RURAL") 3
(d) Street No. 1025 Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Dixie Jo Duvall
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 4
year 1941 hour 12 Noon minute _____ M.
21. I hereby certify that I attended the deceased from May 3, 1941, to May 4, 1941;
that I last saw her alive on May 4, 1941;
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 15 1940
(Month) (Day) (Year)

Immediate cause of death Pneumonia lobes Rt lower lobe 2 da
Due to _____
Due to _____
Other conditions enlarged Spleen
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
1 1 19 _____ hr. _____ min.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Madison, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business _____
12. Name Walker Duvall
13. Birthplace Madison, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Bernice White
15. Birthplace Evansville, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Walker Duvall
(b) Address 1025 Franklin, Moberly, Mo.
17. (a) Burial (b) Date thereof 5/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Paul Williams
(b) Address Moberly, Mo.
19. (a) May 6-41 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

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 Williams (M. D. or other) 0
Address Moberly, Mo. Date signed 5/5/41

RECEIVED

District Health Officer No. 10

District File Number 6-41-1090

Date Filed JUN 12 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 Lucas G. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison 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.