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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941
735

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18807

Registration District No. _____

Primary Registration District No. 3034

Registrar's No. 118

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: 816 W. Need
(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

3. (a) PRINT FULL NAME Anna Merritt

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 Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan. 29th 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 3 19 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Richard Stanton

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

14. Maiden name Mary O'Malley

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

16. (a) Informant E. L. Merritt
(b) Address Moberly Mo

17. (a) Removal (b) Date thereof May 20th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director Maureen Lee
(b) Address Moberly Mo

19. (a) May 20-41 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

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. 816 W. Need
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1941 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 1, 1941, to May 18, 1941;
that I last saw her alive on May 18, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: chronic myocarditis

Due to hypertensive cardiac renal heart disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13/10

Major findings: Of operations _____

Of autopsy _____

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? 925
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 4/14/41

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

RECEIVED

District Health Officer No. 10

District File Number 6-4-1-1076

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.....

Frank S DeWitt

Licensed Embalmer No. 3021

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, fact should be so stated above.