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K23159

FILED AUG 19 1941

State File No. _____

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 156

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: W. Reed
(If outside city or town limits, write "RURAL" and name of township)

(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 58
(If outside city or town limits, write "RURAL")

(d) Street No. 939 W. Reed 6
(If rural, give location) 5

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Georgia Armie Scruggs

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
year 1941 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from now
_____, 19____, to _____, 19____;

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: March 9th 1857
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>3</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Heart attack, sudden found dead in bed after returning as usual and not complaining

Due to On bad health for 1 yr due to heart + high blood pressure but no dr. for 6 mo.

Other conditions (include pregnancy within 7 months of death) _____

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

10. Usual occupation at home

11. Industry or business James Welch

12. Name Mo

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

14. Maiden name _____

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

Major findings: Of operations Coronary case, C

Of autopsy 200

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant Mrs. W. O. Leake

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof July 5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director M. H. and S. Moberly

(b) Address Moberly Mo

19. (a) July 5-41 (b) Leah Kelleher
(To be received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

(Specify type of place)

While at work? _____ (e) Means of injury Coroner

23. Signature W. C. Druffels (M. D. or other) 3

Address Moberly Date signed 7-5-41

RECEIVED

District Health Officer No. 10

District File Number 8-41-1507

Date Filed AUG 15 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 D Witt

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.