

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 173

1. PLACE OF DEATH:

(a) County: Randolph
(b) City or town: Moberly, Mo.
(c) Name of hospital or institution: Woodland Hospital
(d) Length of stay: In hospital or institution
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph
(c) City or town: Clifton Hill (Rural)
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd
year 1941 hour 8 minute 10 am

21. I hereby certify that I attended the deceased from Aug 1 1941 to Aug 2 1941
that I last saw h.s. alive on Aug 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Smaller ofomy and adenoidectomy under ether at 8:00 a.m. Temperature rose to 106.8 within few hours. Then patient died. Have since learned that child had had many of these attacks generally lasting about 12 hours when oral temperature sometimes reached 106
Duration Aug 1 at

Duration

PHYSICIAN

Major findings: Of operations: Tonsillectomy + adenoidectomy
Of autopsy: 11501
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME: Doris Kay Cline

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

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: US

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

7. Birth date of deceased: May 24th 1934 (Month) (Day) (Year)

8. AGE: Years 7 Months 2 Days If less than one day hr. min.

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

10. Usual occupation:

11. Industry or business:

12. Name: Walter L. Cline

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

14. Maiden name: Rose Wassmuth

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

16. (a) Informant: Walter L. Cline

(b) Address: Clifton Hill, Mo

17. (a) Burial (b) Date thereof: Aug 3rd 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Moberly, Mo

18. (a) Signature of funeral director: Mahan and Son

(b) Address: Moberly, Mo

19. (a) Aug 3-41 (b) Pearl 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?
(Specify type of place) (e) Means of injury:

23. Signature: R.D. Streeton (M. D. or other) (Date signed: Aug 4/41)
Address: Moberly, Mo

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

88
66
20

RECEIVED

District Health Officer No. 10

District File Number 9-41-1695

Date Filed SEP 18 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. Hill

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.