

Registration District No. **735**

Primary Registration District No. **3034-**

Registrar's No. **29**

1. PLACE OF DEATH:
(a) County **Randolph**
(b) City or town **Moberly, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community **20 years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Randolph**
(c) City or town **Moberly, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **520 W. Logan (Rear)**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Nannie May Lopez**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **31**
year **1942** hour **4** minute **20** P. M.
21. I hereby certify that I attended the deceased from **Oct 5**, 1941, to **Jan 31**, 1942,
that I last saw her alive on **Jan 31**, 1942,
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Sam Lopez** 6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **Mar 27 1901**
(Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis** Duration **5 hours**

8. AGE: Years **40** Months **10** Days **4** If less than one day
hr. _____ min. _____

Due to **94a**
Due to _____

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

Other conditions **Angina Pectoris** **6 mos.**
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Rufus Jackson**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Major findings:
Of operations **none**
Of autopsy **none**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name **Luella Christman**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sam Lopez**
(b) Address **520 W. Logan Moberly**

17. (a) **Burial** (b) Date thereof **2-3-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Tom P. Patton**
(b) Address **Huntsville, Mo.**

19. (a) **2-3-42** (b) **Irma Nave**
(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 **O. V. Drayer** (M. D. or other)
Address **Huntsville, Mo.** Date signed **2/3/42**

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

78
6
3

RECEIVED

District Health Officer No. 10

District File Number

2-42-357

Date Filed

FEB 19 1942

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.....

Tom B. Patton

Licensed Embalmer No.....

3914

P. O. Address.....

Huntsville, Md

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.