

Registration District No. 735Primary Registration District No. 3034Registrar's No. 36

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
604 W. Coates
 (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 Manard

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

4. Sex Female / race White 5. Color or race _____ 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Pete Manard 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased July 2nd 1872
(Month) (Day) (Year)8. AGE: Years 69 Months 7 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name no data

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

14. Maiden name Elizabeth Anderson

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

16. (a) Informant Pete Manard(b) Address Moberly, Mo.17. (a) Burial (b) Date thereof Feb 16th 1943
(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) Feb. 16-1942 (b) Anna Manard
(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. 604 W. Coates
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14th
year 1942 hour 10 minute _____ a. M.21. I hereby certify that I attended the deceased from 2-3, 1942 to 2-14, 1942
that I last saw her alive on Feb. 14-, 1942
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Arteriosclerosis
Myocardial Infarction

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature R. Williams (M. D. or other) M. D.
Address Moberly, Mo. Date signed 2-16-42

RECEIVED

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District Health Officer No. 10

District File Number 10-42-359

Date Filed MAR 10 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 Frank D 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.