S. No. 2
—4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11745

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 70

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: 301 So Morley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

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. 301 So Morley
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary A. Lee

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

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

7. Birth date of deceased Dec (Month) 1st (Day) 1856 (Year)

8. AGE: Years 85 Months 3 Days 27 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Andrew Ainsworth
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name ? Crockett
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Q. D. Fairchild
(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch (Month) 30th (Day) 1942 (Year)
(c) Place: burial or cremation New Franklin Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) 3-30-42 (Date received local registrar) (b) Irma Rave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1942 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb 1, 1942, to March 28, 1942;
that I last saw her alive on March 28, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolism to heart	few minutes
Due to Carcinoma Eroding thru blood vessel in uterus	3 hrs
Due to with Severe hemorrhage	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 4 g b	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H C Griffiths (M. D. or other)
Address Moberly Mo Date signed 3/30/42

1034 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 470-826
Date Filed APR 15 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 L 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.