

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BUREAU OF THE CENSUS  
FILED APR 17 1942

Registrar's No. 57

Registration District No. 105

Primary Registration District No. 3034

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

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:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 316 No. Morley 34 yrs  
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. 316 No. Morley St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lida Wolgamott

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Sept 16<sup>th</sup> 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>6</u>	<u>0</u>	hr. min.

9. Birthplace 1 Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Wayman Marion

13. Birthplace 1 Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Wright

15. Birthplace 1 Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E G Gordon

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof March 17<sup>th</sup> 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Marion Anderson

(b) Address Moberly Mo

19. (a) 3/16/42 (b) Anna Davel  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16<sup>th</sup>  
year 1942 hour 2 minute 45 a.m.

21. I hereby certify that I attended the deceased from 9<sup>th</sup>  
March 1942 March 16 1942  
that I last saw her alive on March 15 1942  
and that death occurred on the day and hour stated above.

Immediate cause of death Coronal Arteriosclerosis

Due to Age

Due to \_\_\_\_\_

Other conditions 8301  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 W H Mead (M. D. or other)  
Address Moberly Mo Date signed 3/16/42

Duration 7 Days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 4-10-820

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 B. D<sup>r</sup> Witt

Licensed Embalmer No. 3021

P. O. Address Merely 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.