

No. 2
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5-17-39
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27976

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 145

FILED SEP 15 1942
Registration District No. 294

Primary Registration District No. 3056

88
6
3

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
812 Bond St. /
(If not in hospital or institution, write street number or location)

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

In this community 65 yrs.

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. 812 Bond
(If rural, give location)

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

3. (a) PRINT FULL NAME Alice Gertrude Burnham

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

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

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

7. Birth date of deceased Nov 3rd 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name John H Tuggle

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

14. Maiden name Lucretia Bailey

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

16. (a) Informant Mrs. Russel Walker

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Aug 16th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

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

19. (a) Aug 15 42 (b) James Hall
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15th
year 1942 hour 12 minute 45 a.m.

21. I hereby certify that I attended the deceased from May 5
1942 to Aug 15 1942
that I last saw her alive on Aug 15th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma

Due to Diabetic Mellitus

Due to Diabetic Nephritis

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

Major findings: Of operations 61
Of autopsy no

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 no

23. Signature Brig. S. Dally D.O. (M. D. or other)
Address 201 W. Red Moberly, Mo Date signed 8/15/42

Duration

12 hrs

15 yrs

2.7 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 9-42-1758

Date Filed SEP 14 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 S DeWitt

Licensed Embalmer No. 3081

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.