

S. No. 2  
M-9-4-41  
V. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 146

FILED SEP 15 1942  
Registration District No. 2294

Primary Registration District No. 3056

88  
6  
3

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

1. PLACE OF DEATH:

(a) County St. Randolph

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

(c) Name of hospital or institution:  
1031 North Morley  
(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 5 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Randolph

(c) City or town Moberly Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1031 N. Morley  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mirtie Belle Solomon

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

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

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

7. Birth date of deceased July 16 1881  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1942 hour 04 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 1st 1940 to Aug 18 1942  
that I last saw her alive on Aug 17 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 1 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Prostate Gland

Due to As used twice 1 year

Due to " " "

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

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

10. Usual occupation Housewife

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations no  
Of autopsy no

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John Coy

13. Birthplace Arkans 9  
(City, town, or county) (State of foreign country)

14. Maiden name Lizzie Woodbridge

15. Birthplace Chariton County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Solomon

(b) Address 1031 N. Morley, Moberly, Mo.

17. (a) Burial (b) Date thereof 8-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Salisbury, Mo.

19. (a) Aug. 19-42 (b) [Signature]  
(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) no

(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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Moberly, Mo. Date signed 8/19/42

1036

RECEIVED

District Health Officer No. 10

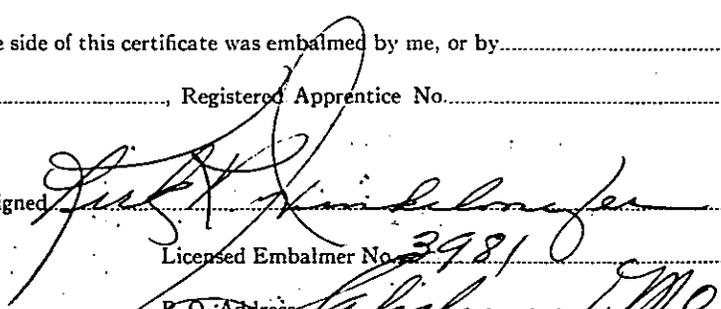
District File Number 9-42-1756

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



Licensed Embalmer No. 3981

R.O. Address .....

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.