

File NOV 11 1942
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 187

88
36
3

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: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 65 years (Specify whether
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. 615 W. Lee
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Theresa Harrington

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, Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
7. Birth date of deceased Aug 2nd 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 2 23 hr. min.

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

10. Usual occupation At home

11. Industry or business _____
MOTHER FATHER { 12. Name John Pittscher
13. Birthplace Unknown U.S.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Keininger
15. Birthplace Unknown U.S.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.A. Smith
(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Oct 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

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

19. (a) 10-26-42 (b) Irma Rowle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1942 hour 4 minute 35 P.M.
21. I hereby certify that I attended the deceased from Oct 13 1942 to Oct 25 1942
that I last saw her alive on Oct 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to _____
Due to _____

Other conditions 162 lb
(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)
(c) Means of injury _____
23. Signature A. J. McCormick (M. D. or other) _____
Address Moberly Mo Date signed 10-25-42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 11-42-1986

Date Filed NOV - 9 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. Witt

Licensed Embalmer No. 3011

P. O. Address Mobile, Miss

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.