

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41696

REG. DISTRICT NO. 294

PRIMARY REGISTRATION DISTRICT NO. 3056

STATE FILE NO. _____

REGISTRAR'S NO. 222

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:
1412 Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 2 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. 1412 Franklin
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Cole Rowen

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 alive _____ years

7. Birth date of deceased Dec 5th 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 - - hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
12. Name George Blessing
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Sarah Green
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Mrs. Joe Truitt
(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Dec. 8th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Plata, Mo

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

19. (a) 12/8/42 (b) Anna Hall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5th
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 8-12 1942, to 12-5 1942
that I last saw her alive on 12-5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Renal insufficiency
Senility

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 92 lb

Major findings:
Of operations _____
Of autopsy _____

Duration
?

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature R.H. Williams (M. D. or other) _____
Address Moberly, Mo. Date signed 12-8-42

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

88
306

88
306

RECEIVED

District Health Officer No. 10.

District File Number 1-43-4123

Was Filed Jan - 5 - 1943

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 D. D. Witt

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.