

No. 2
-5-42
5-17-39
I X32873

3225

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 11 1943
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 29

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:
440 Woodland /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 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. 533 Franklin Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Ursula Whitley

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 18th 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 2 11 hr. min.

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

10. Usual occupation At home

11. Industry or business.....

12. Name David J. Rowland

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

14. Maiden name Levina James

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

16. (a) Informant Roe Whitley

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Jan 31st 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allerton, Iowa

18. (a) Signature of funeral director Mahawand Low

(b) Address Moberly, Mo

19. (a) 1-30-43 (b) Irma Hall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29th
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from for 20 years or
Past 19..... to 1/29 1943
that I last saw her alive on 1/29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hyperplasia heart disease

Due to arteriosclerosis

Due to.....

Other conditions none
(include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

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 O. O. Stoh (M. D. or other)

Address Moberly, Mo Date signed Box 3

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 2-43-223

Date Filed FEB 10 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 B. DeWitt

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.