

FILED MAR 12 1943
Registration District No. 294

Primary Registration District No. 3056

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

38
36
30

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: Woodland Hospital
(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 80 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. 719 Flower Lane
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Gideon Franklin Rothwell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 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: July 21st 1862
(Month) (Day) (Year)

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

80 6 14 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Gideon F. Rothwell

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

14. Maiden name Elizabeth M. Ragland

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

16. (a) Informant G. F. Rothwell, Jr

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Feb 7th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly, Mo

19. (a) 2-7-43 (b) Irma Hove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5th year 1943 hour _____ I. minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 4th, 1943, to Feb 5th, 1943.
that I last saw him alive on Feb 5 - 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Perniciou anemia

Due to _____

Due to _____

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

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)

(e) Means of injury _____

23. Signature Paul C. Davis (M. D. or other M.D.)
Address Moberly, Mo Date signed 2-7-43

RECEIVED

District Health Officer No. 10

District File Number 3-43-480

Date filed MAR 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 S. 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.