

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED APR 27 1943

294

Registration District No. _____

Primary Registration District No. 3056

Registrar's No. 81

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:
425 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 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. 425 Jefferson (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1943 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Apr 15 1943
that I last saw her alive on Apr 15 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Disease Duration _____

3. (a) PRINT FULL NAME Rachael V. Hash
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 Married
6. (b) Name of husband or wife Alexander Hash 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 13th 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 2 _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name William Lovelace
13. Birthplace _____ (City, town, or county) (State or foreign country) Va
14. Maiden name no data
15. Birthplace _____ (City, town, or county) (State or foreign country) No data

16. (a) Informant Alexander Hash
(b) Address Moberly, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 18th 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahaw and Son
(b) Address Moberly, Mo
19. (a) 4/17/43 (Date received local registrar) (b) Irma Kave (Registrar's signature)

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

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 Spinkell, MD (M. D. or other)
Address Moberly, Mo. Date signed 4/15/43

1036

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

88
36
3

APR 28 1943

RECEIVED

District Health Officer No. 10

District File Number 4-43-773

Date Filed APR 26 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.