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S. No. 2
M-542
5-17-89
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED JUN 10 1944

Registration District No. _____

Primary Registration District No. 3056

Registrar's No. 1058

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:
701 Taylor
(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 34 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. 701 Taylor
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Anna E. Louttit

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 William Hayes Louttit

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: December 7th 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>4</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Andrew J. Ostrander

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

14. Maiden name Mary Ann Hazen

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

16. (a) Informant W. H. Louttit

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof May 3rd 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

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

(b) Address Moberly Mo

19. (a) 5-3-43 (b) Irma Hove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1943 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 11/43 to May 1/43
that I last saw her alive on May 1/43
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration months

Due to arterial hypertension months

Due to _____

Other conditions (Include pregnancy within 3 months of death) 938

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 pipe) (Means of injury)

23. Signature RE Hove (M. D. or other) _____
Address Moberly Mo Date signed 5/2/43

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

5966 SA

MAR 5 1948

SEP 21 1948

RECEIVED

District Health Officer No. 10

District File Number 6-43-1005

Date Filed ~~JUN 8~~ JUN 8 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. 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.