

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

Registration District No. 294

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(c) Name of hospital or institution:  
120 No Morley  
(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. 120 No Morley  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary E. Irons

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 Sept. 12<sup>th</sup> 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 9 28 hr. min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name John Dent

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

14. Maiden name Susan Dulaney

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

16. (a) Informant Mrs. Z. O. Wilcox

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Aug 12<sup>th</sup> 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Irons Cemetery

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

(b) Address Moberly, Mo

19. (a) 8-12-43 (b) Uma Noel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10<sup>th</sup>  
year 1943 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from Aug 10, 1943  
Aug 10, 1943 to Aug 10, 1943  
that I last saw him alive on Aug 10, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Senility

Due to Senility

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 John P. ... (M. D. or other) \_\_\_\_\_  
Address Moberly, Mo Date signed Aug 11, 1943

RECEIVED

District Health Officer No. 10

District File Number 9-43-1465

Date Filed SEP 8 1943

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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. 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.