

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38945

FILED DEC 15 1943

State File No. 243
Registrar's No. 243

Primary Registration District No. 6010

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sugar Creek Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether

In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Alice Bledsoe

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, 2 divorced Widowed

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

7. Birth date of deceased Dec 17th 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 11 13 hr. min.

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

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name no data
13. Birthplace..... (City, town, or county) (State or foreign country) 9
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Helen Payton

(b) Address R.F.D. Moberly, Mo

17. (a) Burial (b) Date thereof 12-2nd 43
(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) 12-2-43 (b) Irma Haver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town R.F.D. Moberly - Sugar Creek
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30th
year 1943 hour 11 minute AM

21. I hereby certify that I attended the deceased from Nov 1
1943 to Nov 30 1943

that I last saw her alive on Nov 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death chronic Myocarditis

Due to Hypertensive Heart

Due to.....

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

Major findings:
Of operations..... 93d
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 Irma Haver (M. D. or other)

Address Moberly Mo Date signed 11/30/43

RECEIVED

District Health Officer No. 10

District File Number 12-43-193 b

Date Filed DEC 13 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. Wetzel

Licensed Embalmer No. 3021

P. O. Address Mobily, La

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.