

FILED DEC 15 1943

Registration District No. 2034

Primary Registration District No. 3056

Registrar's No. 240

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

1. PLACE OF DEATH:

(a) County Chandolph

(b) City or town Moberly Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Woodland Hosp. O
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Moberly
(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 _____

3. (a) PRINT FULL NAME JODA BELL HINEBAUGH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Joseph Hinebaugh Deyer 6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased: 9 (Month) 15 (Day) 1874 (Year)

8. AGE: Years 69 Months 2 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Andy Williams

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

14. Maiden name Jamelle Maloney

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

16. (a) Informant Daphia Imbers

(b) Address 653 N.ault Moberly Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Moberly Mo

18. (a) Signature of funeral director Paul G. Simpson

(b) Address Moberly Mo

19. (a) 11-27-43 (Date received local registrar) (b) Uma Havel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1943 hour 9 minute 32 A.M.

21. I hereby certify that I attended the deceased from Oct 2 1943, to Nov 25 1943; that I last saw her alive on Nov 25 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple pathological fractures left femur, right femur, right humerus

Duration Several months

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/26/43

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) Accident

(b) Date of occurrence Oct 2 1943

(c) Where did injury occur? Home Moberly Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? No (Specify type of place) (e) Means of injury Getting out of chair + slipped

23. Signature R.D. Streeter (M. D. or other) M.D.
Address Moberly Mo. Date signed Nov 26

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District Health Officer No. 10

District File Number 12-43-1933

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 Mrs. J. A. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Wis

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.