

FILED JAN 11 1944
Registration District No. 2944

Primary Registration District No. 3056

Registrar's No. 264

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: 1
(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 MO (b) County Randolph
(c) City or town Moberly MO
(If outside city or town limits, write "RURAL")
(d) Street No. 413 N. 5th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA BELL HARVEY

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

4. Sex Female 5. Color or race 3. col 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Oct 30 1918
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 18 _____ hr. _____ min.

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

10. Usual occupation Wm

11. Industry or business _____

12. Name Taylor Looch

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

14. Maiden name Unknown

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

16. (a) Informant Sarnes Harvey

(b) Address Moberly Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-43
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly MO.

18. (a) Signature of funeral director R. L. Carr

(b) Address Moberly MO.

19. (a) 12-22-43 (Date received local registrar) (b) Anna Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 19
year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec-16 to Dec-19, 1943; that I last saw her alive on Dec-19, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Pneumonia Duration 5 days

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 E. J. Shrader (M. D. _____)

Address Moberly MO. Date signed 12-20-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

38
35
30

RECEIVED

District Health Officer No. 1a

District File Number 1-44-62

Date Filed JAN 10 1944

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.....

Robert L. Carr

Licensed Embalmer No. 3190

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.