

FILED FEB 17 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 6010

Registrar's No. 22

1. PLACE OF DEATH

(a) County Randolph  
 (b) City or town Rural Sugar Creek  
(If outside city or town limits, write "RURAL" and name of township.)  
 (c) Name of hospital or institution R.F.D. #4 Moberly  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether  
 In this community 44 years  
years, months or days)

3. (a) PRINT FULL NAME ANNIE PEARL ERAVI

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Joe F. Eravi 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased May-3-1891  
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER  
 12. Name John Franklin Allsup  
 13. Birthplace Unknown  
 14. Maiden name Mary Hubbard  
 15. Birthplace Shelby Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Joe F. Eravi  
 (b) Address R.F.D. #4 Moberly Mo.

17. (a) Burial (b) Date thereof Jan-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hunterville Mo.

18. (a) Signature of funeral director Ernie Funeral Home  
 (b) Address Moberly Mo.

19. (a) 1-27-44 (b) J. Erma Howe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Randolph  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. #4 Moberly  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
 year 1944 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 18  
1944 to Jan 20, 1944  
 that I last saw her alive on Jan 20, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis  
 Duration 36 hr

Due to Influenza 2 Wks

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: 33  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 36 hr  
 2 Wks  
 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) no  
 (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 2  
 23. Signature Ben J. Gally (M. D. or other) MD  
 Address 203 1/2 W. 11th St. Moberly Date signed 1-27-44

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

FEB 7 1944

RECEIVED

District Health Officer No. 10

District File Number 2-44-256

Date Filed FEB 4 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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly 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.