

S. No. 2  
M-2-43  
5-17-39  
P-1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 9 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4052**  
Registrar's No. **12**

Registration District No. **294**

Primary Registration District No. **3056**

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

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: **423 So. Williams**  
(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. **423 So. Williams**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Flora Levy**

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 **March 27<sup>th</sup> 1850**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**93 9 14** hr. min.

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

10. Usual occupation **At home**

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

MOTHER FATHER { 12. Name **Sigmund Redelshiemer**

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

14. Maiden name **Leana Sallinger**

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

16. (a) Informant **M. B. Levy**  
(b) Address **Moberly**

17. (a) **Removal** (b) Date thereof **Jan 12<sup>th</sup> 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fort Wayne, Ind**

18. (a) Signature of funeral director **Mahon and Son**  
(b) Address **Moberly Mo**

19. (a) **1-12-44** (b) **Arma Hale**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **10<sup>th</sup>**  
year **1944** hour **10** minute **10** P.M.

21. I hereby certify that I attended the deceased from **Jan 1** 1944, to **Jan 10** 1944;  
that I last saw him alive on **Jan 10** 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Myocarditis**

Due to **arterio sclerosis**

Due to **Hypertension**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **93d**

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) Means of injury \_\_\_\_\_

23. Signature **Arma Hale** (M. D. or other) \_\_\_\_\_  
Address **Moberly Mo** Date signed **1-12-44**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 2-44-807

Date Filed FEB 8 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 Frank W. 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.