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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4068

Registration District No. 294 Primary Registration District No. 3057 Registrar's No. 31

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: 104 N. Ault
(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)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 104 N. Ault
(If rural, give location)

(e) Citizen of foreign country? citizen (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME BERNIE WALDEN

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Oct. (Month) 24 (Day) 1890 (Year)

8. AGE: Years 53 Months 2 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER
12. Name Unk
13. Birthplace (City, town, or county) — (State or foreign country) 9

FATHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) — (State or foreign country) 9

16. (a) Informant ~~R. L. Carr~~ Geo. Roth

(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26/44 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

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

(b) Address 417 N. 5th St

19. (a) 1-22-44 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1944 7 hour 30 minute P M.

21. I hereby certify that I attended the deceased from ....., 19..., to now, 19...; that I last saw him alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Natural-Undetermined

Due to Likely Coronary Thrombosis

Due to Coroners case

Other conditions (Include pregnancy within 3 months of death) N/A

Major findings: Of operations .....

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 Coroner

23. Signature H. C. Griffith (M. D. or other)

Address Moberly Mo Date signed 1/22/44

1056 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-44-425
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 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.