

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 19 1944

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

79

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: 418 No. Moulton
(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

3. (a) PRINT FULL NAME Harriett Frances Alexander

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 Widowed

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

7. Birth date of deceased Nov. 8th 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 3 11 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Aaron Stephenson

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

14. Maiden name Mary Ann Hammann

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

16. (a) Informant Mose Alexander

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Mch 21st 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly Mo

19. (a) 3/20/44 (b) Irma Dave
(Date received local registrar) (Registrar's signature)

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. 418 No. Moulton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1944 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from 19th Mar 1944 to 19th Mar 1944
that I last saw him alive on Mar 19th 1944 and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Infarction Duration _____

Due to _____

Due to _____

Other conditions. 928
(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 Dr. J. H. Gullett (M. D. or other) _____
Address 1056 N. 1st St. Date signed Mar 21 1944

RECEIVED

District Health Officer No. 10

District File Number 4-44-228

Date Filed APR 11 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 S D 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.