

S. No. 2  
 OM-2-43  
 v. 5-17-39  
 -1 X35597

11840

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 13 1944

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 82

1. PLACE OF DEATH  
 (a) County Randolph  
 (b) City or town Moberly  
 (c) Name of hospital or institution 1310 Scott  
 (d) Length of stay: In hospital or institution none  
 In this community 9 yr, 4 mo, 18 days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Randolph  
 (c) City or town Moberly  
 (d) Street No. 1310 Scott  
 (e) Citizen of foreign country? no

3. (a) PRINT FULL NAME ETHEL ELIZABETH McDONALD  
 3. (b) If veteran name war none  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 21 year 1944 hour Three minute 00 A.M.  
 21. I hereby certify that I attended the deceased from February 15 to March 21  
 that I last saw her alive on March 21 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 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 Nov-3-1934

Immediate cause of death Peritonitis  
 Due to Locked Bowel  
 Duration 36 hrs  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE: Years 9 Months 4 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Moberly MO.  
 10. Usual occupation School Girl

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Anderson McDonald  
 13. Birthplace Okla  
 14. Maiden name Mauda Schofield  
 15. Birthplace MO.

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
1728

16. (a) Informant Anderson McDonald  
 (b) Address 1310 Scott Moberly MO  
 17. (a) Burial (b) Date there Mar 23-44  
 (c) Place: burial or cremation Sugar Creek  
 18. (a) Signature of funeral director [Signature]  
 (b) Address Moberly MO  
 19. (a) 3/22/44 (b) Jorma Nave

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? \_\_\_\_\_  
 (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 Beryl S. Jolly M. D. or other D.O.  
 Address 203 1/2 N. Deland Moberly Date signed 3-21-44

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

88  
 6  
 3

RECEIVED

District Health Officer No. 10

District File Number 4-44-299

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 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.