

11841

S. No. 2
DM-2-43
5-17-39
X38697

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED APR 13 1944

Registration District No. 294

Primary Registration District No. 3156

Registrar's No. 85

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: Woodland Hospital
(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 _____
(Specify whether 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. 708 Franklin Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Ursley Meals

3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th year 1944 hour 4 minute 30 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife W. Everett meals 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 5th 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1943 to March 27 1944
that I last saw him alive on March 27 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>2</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death Ch. Myocarditis

Due to Malignant Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) 938

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

10. Usual occupation At home

Major findings: Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name J. Marvin Meals

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

14. Maiden name Mary Howell

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

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? _____

16. (a) Informant W. Everett meals

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Mich 29th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

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

(b) Address Moberly Mo

19. (a) 3/29/44 (b) Uma Hale
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Uma Hale (M. D. or other) _____
Address Moberly Date signed 2/28/44

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

28
6
3

10310

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 4-44-801

Date Filed APR 11 1944

APR 28 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 D. DeWitt

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.