

FILED APR 12 1944
Registration District No. **277**

Primary Registration District No. **3054**

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3
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:
1141 No. Morley
(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. **1141 No. Morley**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Kate Swartz**

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 (Day) (Year)

7. Birth date of deceased **May 22nd 1859**
(Month) (Day) (Year)

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

84 9 15 hr. min.

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

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Robert W. Noel**

13. Birthplace **no data**
(City, town, or county) (State or foreign country)

14. Maiden name **Ollie Scales**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **E. E. Swartz**

(b) Address **Moberly Mo**

17. (a) **Burial** (b) Date thereof **March 9th 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly, Mo**

18. (a) Signature of funeral director **Mahawand Son**

(b) Address **Moberly MO**

19. (a) **3/9/44** (b) **Emma Hare**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **7th** year **1944** hour **6** minute **15** A.M.

21. I hereby certify that I attended the deceased from **May 5th** 1944 to **May 7** 1944 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis 2da**

Due to _____

Due to _____

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

Major findings: Of operations **qfa**

Of autopsy _____

Duration **2 da**

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 _____

23. Signature **CC Smith** (M. D. or other) _____
Address **Moberly Mo** Date signed **3/9/44**

RECEIVED

District Health Officer No. 10

District File Number 4-44-770

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 W. DeWitt

Licensed Embalmer No. 3021

P. O. Address Noberly

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.