V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18946

FILED JUN 12 1944

Registration District No. 1944

Primary Registration District No. 3056

Registrar's No. 120

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: 419 So. Clark
(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: 88

(a) State Missouri (b) County Randolph 6

(c) City or town Moberly 3
(If outside city or town limits, write "RURAL")

(d) Street No. 419 So Clark
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Claudie Mae Barnes

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 Married

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

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

7. Birth date of deceased Apl (Month) 20th (Day) 1883 (Year)

8. AGE: Years 61 Months — Days 26 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business .....

FATHER
12. Name James Brundege
13. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Martha E. Young
15. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Turner D. Barnes
(b) Address Moberly, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18th 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) 5-17-44 (Date received local registrar) (b) Irma Kaul (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1944 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from Sept, 1939, to May 16, 1944 that I last saw her alive on May 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer right

Due to Breast

Due to .....

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

Major findings:
Of operations .....

Of autopsy no

Duration 5 or 6 years

50

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? ..... (Specify type of place)

While at work? — (e) Means of injury —

23. Signature M. Megee (M. D. or other)

Address Moberly Mo. Date signed 5/17/44

1086

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1948

RECEIVED
District Health Officer No. 10
District File Number 6-44-1081
Date Filed JUN 9 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 D'Wett

Licensed Embalmer No. 3071

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.