

FILED AUG 19 1944

State File No. _____

Registration District No. 29

Primary Registration District No. 3056

Registrar's No. 151

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) 0
(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 Rural 88
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude Chilton

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 Frank J. Chilton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 18th 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	6	14	hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER {

12. Name Joseph Rowland

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

14. Maiden name Noebe Russell

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

16. (a) Informant Frank J. Chilton
(b) Address RED Moberly

17. (a) Burial (b) Date thereof 7-6-1944
(Burial, cremation, or removal) (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) 7-5-44 (b) Lena Hale
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1944 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 26 1944 to July 2 1944
that I last saw her alive on July 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Psalops of uterus + cystocele Duration 2 yrs.

Due to _____
Due to _____
Other conditions Diabetes 61
(Include pregnancy within 3 months of death)

Major findings: See above
Of operations _____
Of autopsy _____

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 R.D. Struter (M. D. or other) M.D.
Address Moberly, Mo. Date signed July 4, 1944

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

88
6
3

RECEIVED

District Health Officer No. 10

District File Number 8-44-1373

Date Filed AUG 8 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 B. DeWitt

Licensed Embalmer No. 3071

P. O. Address Mobily, Miss

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.