V. S. No. 2
100M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25514

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 160

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: 309 E. Logan
(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. 309 E. Logan
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country ..... D

3. (a) PRINT FULL NAME Louise Liedl
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, Charles Liedl Sr.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec. (Month) 21st (Day) 1874 (Year)

8. AGE: Years 69 Months 6 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Neb. (State or foreign country)
10. Usual occupation Athome
11. Industry or business .....
FATHER
12. Name No data
13. Birthplace " (City, town, or county) " (State or foreign country)
MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) " (State or foreign country)
16. (a) Informant Charles Liedl
(b) Address Moberly. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 19th (Day) 44 (Year)
(c) Place: burial or cremation Moberly. Mo
18. (a) Signature of funeral director Malian and Son
(b) Address Moberly. Mo
19. (a) 7-19-44 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th year 1944 hour 8 minute P.M.

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

Immediate cause of death Cerebral Hemorrhage

Due to [illegible]

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration

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 J. O. Fish (M. D. or other)
Address Moberly Mo Date signed 7/19/44

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1944

RECEIVED
District Health Officer No. 10
District File Number 8-44-1342
Date Filed AUG 1 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. McHutt

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.