

S. No. 2
M-5-43
7-5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28586**

FILED SEP 19 1944
299

Registration District No. **299**
Primary Registration District No. **3056**

Registrar's No. **184**

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
McCormick Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1/2 days
(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. 113 Elizabeth St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Rachel Elsea

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27th
year 1944 hour 15 minute 15p M.

21. I hereby certify that I attended the deceased from Aug 22, 1944, to Aug 27, 1944, that I last saw her alive on Aug 27, 1944, and that death occurred on the date and hour stated above.

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

7. Birth date of deceased Jan 20th 1853
(Month) (Day) (Year)

Immediate cause of death Concussion of Brain & fractured ribs & arm
Due to Fall on concrete

8. AGE: Years 91 Months 7 Days 7 If less than one day _____ hr. _____ min.

Due to _____

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

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

10. Usual occupation At home

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN 186a 39

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Colbert Holbrook

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

14. Maiden name Mary Milam

15. Birthplace Va
(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) accident 127

(b) Date of occurrence Aug 22 - 44

(c) Where did injury occur? Moberly Randolph Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

16. (a) Informant Mrs. M. Sullivan

(b) Address Moberly, Mo

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

(c) Place: burial or cremation Moberly, Mo

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

(b) Address Moberly, Mo

19. (a) 8-29-44 (b) Irma Haul
(Date received local registrar) (Registrar's signature)

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

23. Signature L. McCormick (M. D. or other) _____
Address Moberly Date signed 8-27-44

RECEIVED

District Health Officer No. 10

District File Number 9-44-1569

Date Filed SEP 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. 3021

P. O. Address Mobile 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.