

FILED OCT 11 1944

Primary Registration District No. 3056

Registrar's No. 199

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:
302 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:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 302 So. Clark
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Carson

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 Widowed

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

7. Birth date of deceased April 13th 1852
(Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Robert Cooper

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

14. Maiden name Catherine Kramer

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

16. (a) Informant Mrs I. D. Turner

(b) Address Sedalia Mo

17. (c) Burial (b) Date thereof Sep. 29th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

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

(b) Address Moberly Mo

19. (a) 9-28-44 (b) Erna Havel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26th
year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____ 1943 to Sept 26th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 M. E. Havelley (M. D. or other) _____

Address Moberly Mo Date signed 9/28/44

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

10816

RECEIVED

District Health Officer No. 10

District File Number 10-44-1687

Date Filed OCT. 7 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. Witt.....

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.