S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1945

Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 41962

Registrar's No. 263

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

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community 5 years
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. Gilliam
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Hazel Carleton

3. (b) If veteran, name war no

3. (c) Social Security No. —

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none

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

7. Birth date of deceased Sept (Month) 14 (Day) 1902 (Year)

8. AGE: Years 42 | Months 3 | Days 13 | If less than one day ___ hr. ___ min.

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

10. Usual occupation maid

11. Industry or business housemaid

FATHER
12. Name unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Freda Thompson
(b) Address Madison Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-44 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Freda Thompson
(b) Address Madison Mo

19. (a) 12-31-44 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 29
year 1944 hour 3 minute 5 a M.

21. I hereby certify that I attended the deceased from Dec. 14, 1944, to Dec 29, 1944
that I last saw her alive on Dec. Dec 29, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia (unspecified)	20 do
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

109.1

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 0

23. Signature R. L. McCormick (M. D. or other) M.D.
Address Moberly Mo Date signed 12-29-44

1036

(Licensed Embalmer's Statement on Reverse Side)

RE[illegible]
District Health Officer No. 10
District File Number 1-45-134
Date Filed JAN 12 1945

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 Mr Fred A Thompson

Licensed Embalmer No. 3282

P. O. Address Madison 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.