

U.S. No. 2
 OM-5-43
 Rev. 5-17-39
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41977**
 Registrar's No. **222**

FILED DEC 16 1944
 Registration District No. **2**

Primary Registration District No. **3056**

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

863

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)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly **99**
(If outside city or town limits, write "RURAL")

(d) Street No. 734 Sampson **6**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **3**
 If yes, name country in

3. (a) PRINT FULL NAME Mary Ann Huffman

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 John

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Jan 3rd 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 28

If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business George McCarty

12. Name George McCarty

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

14. Maiden name Elsie Cullupper

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

16. (a) Informant W. K. Slussing

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Nov 3rd 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) 11-3-44 (b) Prma Sawe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
 year 1944 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct. 29 1944 to Nov 1 1944
 that I last saw her alive on Nov. 1 19
 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture neck right femur

Due to accidental fall to floor in her home

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 1866

Of operations 16

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident **127**

(b) Date of occurrence Oct. 29, 1944

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home. Arose from bed + fell to floor
(Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature R. D. Streeton (M. D. or other) M.D.
 Address Moberly, Mo Date signed Nov 2, 1944

Duration Oct 29 1944

PHYSICIAN

Underline the cause to which death should be charged statistically.

1036

RECEIVED

District Health Officer No. 10

District File Number 12-44-1997

Date Filed DEC. 14. 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. Welt.....

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.