

FILED MAR 12 1945

Registration District No. **3056**

Primary Registration District No. **3056**

Registrar's No. **34**

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: **616 So. 5th St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 3/4 yrs** (Specify whether
In this community **6 3/4 yrs** 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. **616 So 5th St** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Lena C. Watertield**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married. **2 divorced WIDOW**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **10th 1881** years (Day) (Year)

7. Birth date of deceased **May 10th 1881** (Month) (Day) (Year)
8. AGE: Years **63** Months **9** Days **8** If less than one day hr. min.

9. Birthplace **Mo 0** (City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

MOTHER FATHER
12. Name **Oscar Dulaney**
13. Birthplace **Mo 0** (City, town, or county) (State or foreign country)
14. Maiden name **Mildred Mc Donald**
15. Birthplace **Mo 0** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fred Allen**

(b) Address **Moberly**

17. (a) **Burial** (b) Date thereof **Feb. 21st 45** (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) **2-21-45** (b) **Anna Havel** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **18th** year **1945** hour **6** minutes **40** P. M.

21. I hereby certify that I attended the deceased from **October 28** to **Feb 18** 1945 that I last saw her alive on **Feb 14** 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: **apoplexy**
Due to **hypertension**
Due to

Other conditions: **Diabetes Mellitus** (Include pregnancy within 3 months of death)

Major findings: Of operations **U** Of autopsy **U**

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

23. Signature **J. G. Nickell M.D.** (M. D. or other)
Address **Moberly, Mo** Date signed **Feb 19/45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 3-45-514

Date Filed MAR 9 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 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.