

S. No. 2
M-2-43
5-17-39
X35697

14345

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 72

Registration District No. 294

Primary Registration District No. 3056

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

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: 512 No. Ault
(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. 512 No. Ault
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Ankrom

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 Married

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

7. Birth date of deceased: June 16 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 10 - _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) - _____ (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Jeremiah Quinlan

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

{ 14. Maiden name Anna Wall

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

16. (a) Informant Mrs. Ralph Murphy
(b) Address Moberly mo

17. (a) Burial (b) Date thereof Apr 19 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, mo

18. (a) Signature of funeral director Mahon and Son
(b) Address Moberly, mo.

19. (a) 4-19-45 (b) Jenna Wall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1945 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-14 1944 to 4-16 1945
that I last saw her alive on 4-16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
arteriosclerosis

Due to _____

Due to _____

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

Major findings: Of operations 1/3
Of autopsy _____

Duration _____

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? _____

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

23. Signature J. Williams (M. D. certified)
Address Moberly, mo. Date signed 4-17-45

1086

JUL 31 1947

RECEIVED

District Health Officer No. 10

District File Number 5-45-797

Date Filed MAY 10 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.