

FILED AUG 18 1945

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:  
137 Bedford /  
(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. 137 Bedford  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laura Cook

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 Widow

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

7. Birth date of deceased: Feb 23rd 1869  
(Month) (Day) (Year)

8. AGE: Years: 76 Months: 4 Days: 19 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 \_\_\_\_\_

MOTHER FATHER

12. Name Benjamin F Young

13. Birthplace sc 1  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Burchell

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

16. (a) Informant Mrs Homer Holloway  
(b) Address Moberly

17. (a) Burial (b) Date thereof July 14-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malta Bend Mo

18. (a) Signature of funeral director Mahaw and Son  
(b) Address Moberly Mo

19. (a) 7-15-45 (b) Emma Havel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1945 hour 9 minute 20 a.m.

21. I hereby certify that I attended the deceased from May 6/45 19\_\_\_\_ to July 14/45 19\_\_\_\_ that I last saw her alive on July 10/45 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy May 6/45

Due to arterial hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy 830

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) no

(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) (f) Means of injury \_\_\_\_\_

23. Signature Dr. L. E. Duke (M.D. or other) \_\_\_\_\_ Address Moberly Mo Date signed 7/15/45

RECEIVED

District Health Officer No. 10

District File Number 8-45-1286

Date Filed AUG 15 1948

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.