S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31278

FILED SEP 24 1945

Registration District No. 2 Primary Registration District No. 3056 Registrar's No. 164

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 801 S. Ault
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Randolph
(c) City or town Moberly Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 801 S. Ault St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZA BARTON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased ? (Month) ? (Day) ? (Year)
8. AGE: Years about 83 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Unknown (State or foreign country)
10. Usual occupation Ref.
11. Industry or business
MOTHER 12. Name Unknown
FATHER 13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Virgie Burgess
(b) Address Moberly Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/45 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo.
18. (a) Signature of funeral director R. L. Cap
(b) Address Moberly Mo.
19. (a) 9-10-45 (Date received local registrar) (b) Irma Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8 year 1945 hour 7 minute 6 A.M.
21. I hereby certify that I attended the deceased from 9-6- 1945 to 9-8 1945 that I last saw her alive on alive 9-8 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. H. Williams (M. D. or other)
Address Moberly Mo. Date signed 9-10-45

1036 (Licensed Embalmer's Statement on Reverse Side)

OCT 34 1945

RECEIVED
District Health Officer No. 10
District File Number 9-45-4491
Date Filed SEP 19 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 Robert L. Carr

Licensed Embalmer No. 3190

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.