

**FILED** DEC 29 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 3056

Registrar's No. 224

**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) 10 days  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Marthena Aurelia Dunivent

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 Finis Dunivent 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 13 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 5 28 hr. \_\_\_\_\_ min.

9. Birthplace Chariton County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name James Polk Harlan

13. Birthplace Chariton County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Euphemia Smith

15. Birthplace Chariton County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Belva H. Lair

(b) Address 612 West Reed Moberly, Missouri

17. (a) burial (b) Date thereof 11/12/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) Nov 20 1945 (b) Leah Williams  
(Date received local registrar) (Registrar's signature)

**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. 1104 Concannon  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 10  
year 1945 hour 1:30 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov. 1 1945 to Nov. 10 1945;  
that I last saw her alive on Nov. 10 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Hypertension

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

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

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

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 R. D. Streeton (M. D. or other) M D  
Address Moberly, Mo. Date signed Nov 20/45

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

**RECEIVED**

District Health Officer No. 10

District File Number 12-45-1902

Date Filed DEC. 20. 1945

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**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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville 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.**