

FILED JAN 28 1948  
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 259

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: McCormick Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 yrs 11 mo  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Annie E. Waterfield  
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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 1st 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 9 24 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 Robert J. Hurt  
13. Birthplace MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Marion Siegett  
15. Birthplace MO  
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Waterfield

(b) Address Moberly MO

17. (a) Burial (b) Date thereof Dec 27 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Finnell Cemetery

18. (a) Signature of funeral director Malian andson

(b) Address Moberly MO

19. (a) Dec 27 45 (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. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25  
year 1945 hour 6 minutes 30 P. M.

21. I hereby certify that I attended the deceased from Jan 31, 1943 to 12-25, 1945  
that I last saw her alive on 12-25, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia right Duration 3 yrs  
Due to Helpless for 2 3 yrs

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy 836  
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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature A. L. McCormick (M. D. or other) MD  
Address Moberly Date signed 12-25-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
100800  
8  
6  
3

RECEIVED

District Health Officer No.

District File Number 1-46-10

Date Filed JAN 24 1946

**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 S. 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.**