

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAR 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. **10451**
Registrar's No. **45**

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **yes** 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. **214 N. Newton**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Laura Bell Esery**
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 _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov 12 1865**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **11** year **1946** hour **8:50** minute **7** P. M.
21. I hereby certify that I attended the deceased from **Feb 11/46** to **Feb 11/46**
that I last saw **her** live on **Feb 11/46** and that death occurred on the date and hour stated above.
Immediate cause of death **Carcinoma of Liver metastasis**
Due to _____
Due to _____
Other conditions **Myocarditis metastasis**
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations **None**
Of autopsy _____

8. AGE: Years **80** Months **2** Days **29** If less than one day _____ hr. _____ min.
9. Birthplace **Howard Co Ky**
(City, town, or county) (State or foreign country)
10. Usual occupation **House wife**
11. Industry or business _____
MOTHER FATHER
12. Name **Aaron Stephenson**
13. Birthplace **Howard Co Ky**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary M Hammond**
15. Birthplace **Howard Co Ky**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mrs H C Broadus**
(b) Address **Cairo Mo**
17. (a) **Burial** (b) Date thereof **2/14/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Grand Prairie Cem**
18. (a) Signature of funeral director **Delbert Skinner**
(b) Address **Moberly Mo**
19. (a) **Feb 21-46** (b) **Leah Wilshaw**
(Date received local registrar) (Registrar's signature)

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) (Means of injury)
23. Signature **L E Huber** (M. D. or other) **0**
Address **Moberly Mo** Date signed **2/13/46**

RECEIVED

District Health Officer No. 10

District File Number 3-46-605

Date Filed MAR 19 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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.