

FILED MAR 27 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 294

Primary Registration District No. 6008

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly Rural Prairie
(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 Imo Ida
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly Mo Rural
(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 _____

3. (a) PRINT FULL NAME Bessie Leona Lessly.

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Feb day 20
year 1946 hour 3 minute 15 a. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from Feb 15 1946 to Feb 20 1946
that I last saw her alive on Feb 18 1946
and that death occurred on the date and hour stated above.

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

7. Birth date of deceased Jan 4 1946
(Month) (Day) (Year)

Immediate cause of death Erythrophilia Duration 6 da

8. AGE: Years _____ Months I Days 16 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Randolph Co. Mo
(City, town, or county) (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Ben Lessly.

13. Birthplace Higbee Mo. (City, town, or county) (State or foreign country)

14. Maiden name Ida Mae Ess

15. Birthplace Monroe Co. (City, town, or county) (State or foreign country)

16. (a) Informant Ben Lessly.

(b) Address R. F. D. Moberly, Mo.

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? _____

17. (a) Burial (b) Date thereof Feb 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Higbee Mo

While at work _____ (Specify type of place) _____
23. Signature Bessie S. Jallard (b) Means of injury _____
Address 203 1/2 N. Clark Moberly Mo Date signed 2-20-46

18. (a) Signature of funeral director Joe W. Burton

(b) Address Higbee Mo.

19. (a) Feb 21-46 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

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

5300

RECEIVED

District Health Officer No. 10

District File Number 2-46-607

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.