S. No. 2
0M—5-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21164

FILED JUL 9 1946

Registration District No. 2-9 Primary Registration District No. 3056 Registrar's No. 224

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: Woodland Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. 25 min. (Specify whether In this community years, months or days) Whole Life

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

3. (a) PRINT FULL NAME Attebery, Mrs. Cassie Dee
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 Jasper Attebery | 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 24 (Day) 1863 (Year)

8. AGE: Years 83 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Chariton County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name Joseph B. Philpot
13. Birthplace Ky. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth White
15. Birthplace Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Mabel Attebery
(b) Address Salisbury, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury, Mo.
18. (a) Signature of funeral director Winkelmeyer Funeral Home
(b) Address Salisbury, Mo.
19. (a) June 2-46 (Date received local registrar) (b) Lida Williams Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1946 hour 1 minute 05 M.
21. I hereby certify that I attended the deceased from May 31, 1946, to May 31, 1946, that I last saw her alive on May 31, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Failure	5 mins
Interstinal Obstruction	48 hours
Due to: Post-operative Ventral Hernia	3 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Senility 1770	
Major findings: Of operation: No operation	
Of autopsy: No Autopsy	

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 [illegible] (M. D. or other)
Address Woodland Hosp. Date signed 31 May 1946

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(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1946

RECEIVED
District Health Office No. 10
District File Number 7-46-1284
Date Filed JUL 3 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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.