

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED AUG 19 1946 STANDARD CERTIFICATE OF DEATH

State File No. **28082**

Registration District No. **294**

Primary Registration District No. **3056**

Registrar's No. **139**

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:
800 Bond
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ 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. **800 Bond**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lucy E. Murphy**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month **July** day **6th**
year **1946** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **July 6, 1946** to **July 6, 1946**
that I last saw her alive on **July 6, 1946**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

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

7. Birth date of deceased **April 9th 1862**
(Month) (Day) (Year)

Immediate cause of death **Coronary thrombosis** Duration _____

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	84	2	27	_____ hr. _____ min.

Major findings:
Of operations _____ **940**

Of autopsy _____

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

MOTHER FATHER

9. Birthplace **Wis.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

12. Name **Samuel Wiseman**

13. Birthplace **Wis.**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann D. Neil**

15. Birthplace **Wis.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Herman Lang**

(b) Address **Moberly, Mo.**

17. (a) **Burial** (b) Date thereof **July 8th 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly Mo.**

18. (a) Signature of funeral director **Mahaw and Son**

(b) Address **Moberly Mo.**

19. (a) **July 8-46** (b) **Dean William Power**
(Who 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) (e) Means of injury _____

23. Signature **J. H. Atwood** (M. D. or other) **DO.**

Address **Moberly, Mo.** Date signed **7-5-46**

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 8-10-1508
Date Filed AUG 14 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 J. DeWalt

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.