No. 2
2-45
7-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1946

State File No. 31182

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 183

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 years, months or days)
In this community Yes.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Rando 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 109 E. McKinney 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME VANNIE MAE HAYES
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Fem 3
5. Color or race Col
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec. 25 1899 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	8	12	hr. min.

9. Birthplace ✓ (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name William Nelson
13. Birthplace Unk. 9 (City, town, or county) (State or foreign country)
14. Maiden name Jane Unknown
15. Birthplace Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Clarence Young
(b) Address 109 E. McKinney
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director R. L. Carr
(b) Address 417 N. 5th Moberly Mo
19. (a) 9-9-46 (Date received local registrar) (b) Leah Richards Lewis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7 1946
year hour minute 3 6 A.M.
21. I hereby certify that I attended the deceased from 6-1 1946 to 9-7 1946
that I last saw her alive on 9-6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy. — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
83A

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 0
23. Signature R. H. Williams (M. D. or other)
Address Moberly Mo. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 9:46:1
Date Filed SEP-20-1946

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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.