

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34469

FILED OCT 17 1946

State File No.

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 202

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: 636 No Ault /
(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)

3. (a) PRINT FULL NAME Stella Andrews

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 _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Sept 30th 1878
(Month) (Day) (Year)

8. AGE: 68 Years 5 Months 0 Days
(If less than one day
hr. _____ min. _____)

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name William F South

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

14. Maiden name Belle Lane
(City, town, or county) (State or foreign country)

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

16. (a) Informant M. F. Hardister

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Oct 2nd 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Amahaw and Son

(b) Address Moberly Mo

19. (a) Oct 46 (b) Leah McElwaine
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 87
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 636 No Ault 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 1946
year 6 hour 15 minute A M.

21. I hereby certify that I attended the deceased from Sept 29
2 1946 to Sept 30 1946
that I last saw h. er alive on Sept 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage 1dx
Duration _____

Due to _____

Due to _____

Other conditions Ch. Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations ASD

Of 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 C

23. Signature HC Griffiths (M. D. or other) _____

Address Moberly Mo Date signed 9/30/46

RECEIVED
District Health Officer No.
District File Number 10-46
Date Filed OCT-14-19

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 B. Dr. Witt

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.