7. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34477

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 212

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: 0
McCormick Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Sugar Creek Township 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Letha L. Hastings

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 Married

6. (b) Name of husband or wife Lyle Hastings

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

7. Birth date of deceased Feb. 6th, 1904 (Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Orla Steward

13. Birthplace (City, town, or county) Mo (State or foreign country) 0

14. Maiden name Alice Carrahan

15. Birthplace (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Lyle Hastings

(b) Address RFD Moberly, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19th-46 (Month) (Day) (Year)

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

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

(b) Address Moberly, Mo.

19. (a) 10-19-46 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 1946 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Sept 23, 1946 to Oct 17, 1946 that I last saw him alive on Oct. 17, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Brain abscess	1 Mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 80A

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 0

23. Signature W. H. McCormick D.O. (M. D. or other)

Address 300½ Reed St. Moberly, Mo. Date signed 10-17-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-1946
Date Filed OCT 23 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 D. De Witt

Licensed Embalmer No. 3021

P. O. Address Mobeely 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.