. No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34497

Registration District No. 294 Primary Registration District No. 6010 Registrar's No. 218

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Rural Sugar Creek (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD #2 Moberly 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 66 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. RFD #2 Moberly 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ANNIE BURNHAM DESKIN
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William J. Deskin
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June - 18 - 1864 (Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Audrain Co Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Mobly
13. Birthplace Randolph Co. MO 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Gentry
15. Birthplace Randolph Co MO 0 (City, town, or county) (State or foreign country)
16. (a) Informant Estill Deskin
(b) Address RFD #2 Moberly MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-29-46 (Month) (Day) (Year)
(c) Place: burial or cremation Deskin Cemetery
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly MO.
19. (a) Oct 27-46 (Date received local registrar) (b) Leah Williamsdawe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th year 1946 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from Jan - 1940 to Oct 25 1946 that I last saw her alive on Oct 25 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hyperstatic Lobar Pneumonia	3da
Due to Senile -	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

108

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 2
23. Signature Benj. Holly (M. D. or other)
Address 203½ N. Clark Moberly Date signed 10-26-46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 10
District File Number 10-46-2038
Date Filed NOV - 8 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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Monticello 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.