

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **41688**

FILED DEC 31 1946
Registration District No. **294**

Primary Registration District No. **3056**

Registrar's No. **271**

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: **Woodland Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day** (Specify whether years, months or days)
In this community.....

3. (a) PRINT FULL NAME **Andrae, Miss Edith Neilson**

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 **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Nov 26th 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 - 20 hr. min.

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

10. Usual occupation **Retired**

11. Industry or business.....

12. Name **John D Andrae**

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

14. Maiden name **Ida Belle Neilson**

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

16. (a) Informant **Mrs Frank Harvey**

(b) Address **Moberly**

17. (a) **Burial** (b) Date thereof **Dec 23-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address **Moberly Mo**

19. (a) **Dec 23-46** (b) **Paul H. Neilson**
(Date received local registrar) (Registrar's signature)

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. **127 Kirby St**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **21**
year **1946** hour **8 AM** minute **25 AM**

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

Immediate cause of death.....

Chronic Myocarditis 5 yrs

Due to.....

Coronary Sclerosis 10 yrs

Due to.....

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

Major findings:
Of operations.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **W. H. Fleming** (M. D.)

Address **127 Kirby St, Moberly, Mo** Date signed **22 Dec 46**

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 23 1947

FEB 4 1947

RECEIVED
District Health Officer No. 10
District File Number 12-46-2244
Date filed DEC 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 Frank D. D. Wilt
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.