

No. 2
12-45
5-17-39
X470

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5406
Registrar's No. 30

FILED MAR 10 1947 87
Registration District No. _____

Primary Registration District No. 3040

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
915 Jackson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 918 Jackson Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Luella Poe Razy
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 21st
year 1947 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from 29 Mar 47
19 46 to 21 Feb 47 19 47;
that I last saw her alive on 20 Feb 47
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife William H Razy
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 17 1872
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Rectum
Due to _____
Due to _____
Other conditions Diabetes melitus
(Include pregnancy within 3 months of death)

8. AGE: Years 74 Months 6 Days 4
If less than one day hr. _____ min. _____

9. Birthplace Davies County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Mrs. Leonard Robertson
(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 2-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove Cemetery

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri

19. (a) Feb 29 47 (b) Frances B. Neill
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations H&D
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 V. D. Wardlaw (M. D. or other) _____
Address Chillicothe Mo Date signed 22 Feb 47

UNKNOWN

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.