

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 123

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: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months
1 Year (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town _____ (If outside city or town limits, write "RURAL") 0
(d) Street No. Rural Route (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME GLEN L. DULANEY

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 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 1 - 21 - 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name J.E. Dulaney

13. Birthplace Audrain County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mattie L. Terry

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

16. (a) Informant E.N. Dulaney

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 5-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Cemetery

18. (a) Signature of funeral director Parsons Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) May 17-47 (b) Leah Williams Jones
(Date received local registrar) (Registrar's signature) 27.4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day fifteenth
year 1947 hour Seven minute 55 P. M.

21. I hereby certify that I attended the deceased from Feb 5 1947, to May 15 1947
that I last saw him alive on May 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach Duration 1 yr

Due to _____

Due to _____

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

Major findings: 46 B
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) (M. D. or other) 2

23. Signature Reginald Kelly (M. D. or other) MD
Address 203 1/2 N. Clark Moberly Date signed 5-15-47

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

MOTHER FATHER

RECORDED
District Health Officer No. 10
District File Number 6-47-898
Date Filed MAY 28 1947

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 *M. V. Whitaker*
Licensed Embalmer No. *3893*
P. O. Address *Calumet, Ill.*

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.