

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18434

FILED JUN 12 1947

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 1321

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

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 807 S. 6th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 807-5 6th St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRYETTA White

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Richard 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased May 2 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>1</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Chip Chippley

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Richard White

(b) Address 807-5 Sixth St

17. (a) Burial (b) Date thereof 6-8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director G. L. Carr

(b) Address Moberly MO

19. (a) 6-6-47 (b) Paul Theissen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1947 hour 1:40 minute P M.

21. I hereby certify that I attended the deceased from June 1 1947, to June 2 1947.  
that I last saw her alive on June 2 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral Hemorrhage  
Due to circulation of liver  
Duration 18 mo  
6 yr

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Of operations none  
Of autopsy none

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 P. Dreyer (M: D. or other) MD  
Address Huntsville Date signed 6/5/47

RECEIVED

District Health Officer No. 12

District File Number 6-47-106

Date Filed JUN - 9 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 *Robert L. Carr*

Licensed Embalmer No. *3190*

P. O. Address *Moberg 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.