

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1947

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 183

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 _____
(Specify whether _____)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town RFD Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy M. James

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 Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 5 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 - 4 _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Joseph M. Harper

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

14. Maiden name Ellen English

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

16. (a) Informant Howard James

(b) Address Rush Hill Mo

17. (a) Burial (b) Date thereof Aug 11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia Mo

18. (a) Signature of funeral director Mahaw and Son

(b) Address Moberly Mo

19. (a) Aug 11-47 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1947 hour _____ 2. minute 15 a. M.

21. I hereby certify that I attended the deceased from Aug 5 - 1947 to Aug 19 1947
that I last saw her alive on Aug 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion Thro
arteria coronaria
severa

Due to _____

Due to _____

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

Major findings: thrombotic thrombocytopenic purpura

Of operations _____

Of autopsy None

Duration _____

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)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Woodland Hosp Date signed _____

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

MOTHER FATHER

RECEIVED
District Health Officer (No. 10)
Dist. File Number 2-47-1068
Date Filed AUG 19 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 Frank B Dewitt

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.