

No. 2
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28694

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 184

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:
525 Winchester
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Jonah Petty
3. (b) If veteran, name war.....
3. (c) Social Security No. 491-07-2322

4. Sex male 5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha Petty
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased March 4 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>6</u>	hr. min.

9. Birthplace Harrisburg Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation general laborer

11. Industry or business
12. Name Tom Petty
13. Birthplace Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Ella Williams
15. Birthplace Harrisburg Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Petty
(b) Address Moberly, Missouri
17. (a) burial (b) Date thereof 8/13/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetery Moberly Missouri

18. (a) Signature of funeral director John B. Patton
(b) Address Huntsville, Mo
19. (a) 8-13-47 (b) Leah Williams Payne
(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. 525 Winchester
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 10
year 1947 hour 9:35 A.M. minute..... M.
21. I hereby certify that I attended the deceased from Jan 1
1947 to Aug 10 1947
that I last saw him alive on Aug 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Diabetic Crisis
Diabetes mellitus
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

Duration
2 1/2
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. Kuffert (M. D. or other)
Address Moberly, Mo Date signed 8/14/47

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

MOTHER, FATHER

VS
AUG 18 1947

RECEIVED
District Health Officer No. 10
District File Number 8-47-1067
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 Paul J. Patton
Licensed Embalmer No. 4095
P. O. Address Huntsville, M

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.