No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38984

FILED DEC 10 1947

Registration District No. 12x

Primary Registration District No. 5796

Registrar's No. 72

1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: California - Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: California Mo. Rural
(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): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Moniteau
(c) City or town: Rural [redacted]
(If outside city or town limits, write "RURAL")
(d) Street No.: 4 mi South of California
Walker (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Viola Gertrude Senior
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: A.N. Senior
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 15 (Day) 1872 (Year)
8. AGE: Years 75 Months 9 Days If less than one day hr. min.
9. Birthplace: Moniteau County (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Jack Crawford
13. Birthplace: Moniteau County - Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Mary Dixon
15. Birthplace: Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. H. V. Halford
(b) Address: California, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Sappington Cem.
18. (a) Signature of funeral director: Hathaway Funeral Home
(b) Address: California Mo.
19. (a) 11-17-47 (Date received local registrar) (b) H.R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15 year 47 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from Suddenly 19..., to Passed away 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 hrs
Due to: Arterosclerosis	3 Year
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NA	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: H.R. Popejoy (M. D. or other) M.D.
Address: California Mo. Date signed 11-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File No. [illegible]
Date Filed 12-9-42

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 H E Freeburger

Licensed Embalmer No. 2854

P. O. Address California 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.