S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2094

Registration District No. 297 | Primary Registration District No. 3056 | Registrar's No. 28

WRITE PLAINLY—USING 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: 527 Logan Terrace (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 88
(c) City or town Moberly 6 (If outside city or town limits, write "RURAL")
(d) Street No. 527 Logan Terrace 3 (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Frances Mahan
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 Jan (Month) 22nd (Day) 1865 (Year)

8. AGE: Years 82 | Months 11 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ky (State or foreign country)
10. Usual occupation At home
11. Industry or business .....
FATHER
12. Name Marion F King
13. Birthplace ..... (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Mary Jane Bunger
15. Birthplace ..... (City, town, or county) Ky (State or foreign country)
16. (a) Informant Albert K Mahan
(b) Address Moberly, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo
18. (a) Signature of funeral director Mahan & Son
(b) Address Moberly, Mo
19. (a) Jan 21-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 264

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18th year 1948 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from January 1st, 1947, to January 18, 1948 that I last saw her alive on January 18th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio sclerosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 97	
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 0

23. Signature [signature] (M. D. or other) .....
Address Moberly, Mo Date signed 1-21-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 1-48-15
JAN 27 1948
Date Filed

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Humbsville 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.