. 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. 5860

FILED MAR 4 1948

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 70

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 700 W. Coates
(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 Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 700 W. Coates
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Anna E. Wise
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 Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 28 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	8	13	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ohio (State or foreign country)
10. Usual occupation At home
11. Industry or business .....
FATHER
12. Name John Lytle
13. Birthplace ..... (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Eleanor Williams
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs E. C. Kordel
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) 2-23-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 21.9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1948 hour 8 minute 45 a M.
21. I hereby certify that I attended the deceased from Feb 21, 1947, to Feb 21, 1948;
that I last saw her alive on Feb 20, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric carcinoma	
Due to Gastric carcinoma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 46B

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 Dr. V. M. Murray Do (M. D. or other)
Address Moberly Mo. Date signed Feb 21 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-48-41
Date Filed MAR 2 1948

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 D. Watt

Licensed Embalmer No. 8021

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.