S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13704

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 110

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 329 Fulton
(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. 329 Fulton 3
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary McCune
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased No date (Month) (Day) (Year)

8. AGE: Years Abt. 90 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Athome
11. Industry or business
FATHER
12. Name No data
13. Birthplace " (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country) 9
16. (a) Informant Carl Davis
(b) Address Moberly, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl. 9, 1948 (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) Apr 19-48 (Date received local registrar) (b) Leah Neeham Lowe (Registrar's signature) 269

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1948 hour minute M.
21. I hereby certify that I attended the deceased from Jan 1, 1947, to April 7, 1948 that I last saw her alive on April 7, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ch Myocarditis	1 yr
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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. C. Griffith (M. D. or other)
Address Moberly Mo Date signed 4-9-48

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

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

RECEIVED
District Health Officer No. 10
District File Number 4-48-73
Date Filed APR 20 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. 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.