

No. 300
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17247
Registrar's No. 146

FILED JUN 9 1948

Registration District No. 294

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution:
409 So. 4th St. 1
(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)

3: (a) PRINT FULL NAME Emma A. Straley
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 May 6th 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 - 21 hr. min.

9. Birthplace MO U
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name John Straley
13. Birthplace W. Va.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Belcher
15. Birthplace W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Fidella Straley

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof May 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Malvern and Son

(b) Address Moberly

19. (a) May 29-48 (b) Leah Williamson
(Date received local registrar) (Registrar's signature) 4/12

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. 409 So 4th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
year 1948 hour _____ 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from
1-22-48 19____ to 5-27-48 19____
that I last saw her alive on 5-27-48 19____
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations GA

Of autopsy _____

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 E. T. Whitaker (M.D. or other) Dr

Address Moberly, Mo Date signed 5-29-48

JUN 7 1948

RECEIVED
District Health Officer No. 10
District File Number 6-48-1006
Filed JUN 8 - 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 S. Watt

Licensed Embalmer No. 3021

P. O. Address Mobily, Miss

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.