No. 300
-10-47
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20466

Registration District No. 294 | Primary Registration District No. 3056 | Registrar's No. 165

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: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution June 6 to 10/48. (Specify whether
In this community Many years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town R.F.D Moberly
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Mary Frances Jacks

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 July (Month) 24th (Day) 1873 (Year)

8. AGE: Years 74 | Months 10 | Days 16 | If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Thomas Roberts
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mollie McGee
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Arthur Slagle
(b) Address RFD 3 Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12-48 (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) June 11-48 (Date received local registrar) (b) [illegible] (Registrar's signature) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1948 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 5, 1948, to June 10, 1948; that I last saw her alive on June 9, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia — Duration 2 months
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. L E [illegible] M.D. (M. D. or other)
Address 400½ W. Reed St. Moberly, Mo. Date signed 6/11/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED:
District Health Officer No.
District File Number 6-48-
Date Filed JUN 16 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 Mobeely

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.