

No. 300
-10-47
-17-39
-PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20481

FILED JUL 15 1948
Registration District No. 2948

Primary Registration District No. 3056

Registrar's No. 191

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: 410 Hinkley /
(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. 410 Hinkley
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Mariah C. Younger

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 March 22nd 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 3 16 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name George Fletcher

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name no data

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Claude Scrutchfield
(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof July 11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Nelson, Mo

18. (a) Signature of funeral director Mahon and Son
(b) Address Moberly, Mo

19. (a) July 8-48 (b) Leah Williams Younger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1948 hour 7 minute 15 a.m.

21. I hereby certify that I attended the deceased from June 1
1948 to July 8 1948
that I last saw her alive on July 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 4 hr

Due to _____

Due to _____

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

Major findings: Of operations g 3a
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 0

23. Signature H. E. Griffith (M. D. or other) _____
Address Moberly Date signed 7/8

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

MOTHER FATHER

RECEIVED

District Health Officer No 10

District File Number 7-48-1253

JUL 13 1948
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 Frank D De Witt

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.