No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33774

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 270

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: McCormick Hospital 0
(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 Monroe 69
(c) City or town Paris 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jennie Matthews
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 30th (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	10	29	hr. min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name George Morlee
13. Birthplace (City, town, or county) England 4 (State or foreign country)
MOTHER
14. Maiden name Ann Buston
15. Birthplace (City, town, or county) England 4 (State or foreign country)
16. (a) Informant James Matthews
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-1-48 (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) Nov 1-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 264

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1948 hour 3 minute 55 P. M.
21. I hereby certify that I attended the deceased from 8-21-48, 19, to 10-29, 1948
that I last saw her alive on 10-29, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral Hemorrhage	months
Due to	
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 W. H. McCormick D.O. (M. D. or other)
Address 300½ Reed St Moberly Mo Date signed 10-29-48

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

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

NOV 9 1948

RECEIVED
District Health Officer No. 10
District File Number 1148-189
Date Filed NOV 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 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.