

No. 300
1-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33776
Registrar's No. 268

Registration District No. 277

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
522 McKinley
(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. 522 McKinley
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida May Ornburn
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 29th
year 1948 hour 12 minute 55 am.
21. I hereby certify that I attended the deceased from Oct 20
1948 to Oct 28 1948
that I last saw her alive on Oct 28 1948
and that death occurred on the date and hour stated above.

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: Jan 17th 1864
(Month) (Day) (Year)

Immediate cause of death Myocarditis
Due to Senility
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 937
Of autopsy _____
Duration 1 yr

8. AGE: Years 84 Months 9 Days 12
If less than one day hr. _____ min. _____
9. Birthplace: _____
(City, town, or county) (State or foreign country) Mo 0

10. Usual occupation At home
11. Industry or business _____
12. Name Marion Moberly
13. Birthplace Mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Mary Meals
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Maymie Dixon
(b) Address Moberly Mo
17. (a) Burial (b) Date thereof 10 31-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Mahon and Son
(b) Address Moberly Mo
19. (a) Oct 31-48 (b) Seah Sullivan
(Date received local registrar) (Registrar's signature) 1129

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 H. C. Bruff (M. D. or other) _____
Address Moberly Date signed 10/29

RECEIVED

District Health Officer No. 10

District File Number 11-48-1890

Date Filed NOV 3 - 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.