FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 18 1949

Registration District No. 294

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 2277

Registrar's No. 9

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 ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Urbandale
(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 Margaret Ann Stamper

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 May (Month) 27 (Day) 1865 (Year)

8. AGE: Years 82 Months 7 Days 13 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 Howard Richardson
13. Birthplace ..... (City, town, or county) Va (State or foreign country)

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

16. (a) Informant H. H. Stamper
(b) Address Urbandale, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12-49 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly

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

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th year 1949 hour 7 minute 30P M.

21. I hereby certify that I attended the deceased from Nov 1st, 1948, to Jan 10th, 1949; that I last saw her alive on Jan 10th 1949, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease	
Due to: Coronary Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

443

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 [signature] (M. D. or other)

Address Moberly Mo Date signed 1/1/49

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1949

RECEIVED
District Health Officer No.
District File Number 149.8
Date Filed JAN 17 1949

FEB 2 1949

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.