

FILED FEB 13 1940

Registration District No. **135**

Primary Registration District No. **3034**

Registrar's No. **14**

1. PLACE OF DEATH:
(a) County **Randolph**
(b) City or town **Moberly**
(c) Name of hospital or institution:
(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
8. (a) PRINT FULL NAME **Mania Welch 420**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **col** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years **about 81** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) **MO.**

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **unknown**
13. Birthplace _____
(City, town, or county) (State or foreign country)

{ 14. Maiden name **unknown**
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **E. W. Shraden Coroner**

(b) Address **Moberly, Mo**

17. (a) **Burial** (b) Date thereof **Jan 27 - 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mydealy mo**

18. (a) Signature of funeral director **Robert A. Carr**

(b) Address **417 N. 5th Moberly, Mo**

19. (a) **Jan 27 1940** (b) **Seale Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **mo** (b) County **Randolph**
(c) City or town **Moberly**
(If outside city or town limits, write "RURAL")
(d) Street No. **619 S. Fourth**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **25**
year **1940** hour _____ minute **?** M.
21. I hereby certify that I attended the deceased from **before** to **base**, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Fract to death**
Due to **Senility and no fire in her home.**
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **Jan - 25 - 1940**
(c) Where did injury occur? **Moberly Randolph, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In her home.

While at work? _____ (e) Means of injury _____
23. Signature **E. W. Shraden** (M. D. or other) _____
Address **Moberly, Mo.** Date signed **27-40**

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

WHILE FLAMMABLE—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I 419511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 2-40-403

Date Filed FEB 10 1940

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 Robert L. Carr

Licensed Embalmer No. 3190

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, above space should be left blank.