

1-2
7-39
X23159

DEC 20 1940
Registration District No. **705**

Primary Registration District No. **3034**

Registrar's No. **240**

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly Mo
(If outside city or town limits, write "RURAL" and name of township)

(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 10 yr years, months or days _____ (Specify whether _____)

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. 730 South 4th St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME KATIE AULHOUSE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 19 year 1940 hour 12 minute 20 P. M.

4. Sex Female race W 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Don 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Nov 2nd, 1940 to NOV 19, 1940; that I last saw her alive on Nov 18 and that death occurred on the date and hour stated above.

7. Birth date of deceased Mar 18 (Month) (Day) (Year) 1885

8. AGE: Years 55 Months 7 Days 1 If less than one day hr. _____ min. _____

Immediate cause of death Cancer of throat

Due to Distant Recrud

Due to _____

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

10. Usual occupation Housewife

11. Industry or business _____

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

Major findings: Of operations _____

Of autopsy W

MOTHER FATHER

12. Name Samuel Oliver

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

14. Maiden name Genevieve Robbins

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr Freddie Lydings

(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Tom B Patton

(b) Address Huntsville Mo

19. (a) Nov 22 40 (Date received local registrar) (b) Leak Williams (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

(e) Means of injury _____

23. Signature JFK Meach (M. D. or other) _____

Address Moberly Mo Date signed 11/20/40

RECEIVED

District Health Officer No. 10

District File Number 12-40-2350

Date Filed DEC 17 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address. Huntsville, Ala

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.