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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3984**
Registrar's No. **5**

Registration District No. **735** Primary Registration District No. **3034**

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly Mo
(c) Name of hospital or institution:
322 S. Ault St Moberly Mo
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days 878 80 yr 6mo 11da

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly Mo
(d) Street No. 322 South Ault St.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME George Ann Deskin

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Jan day 20
year 1941 hour 9 minute 30 a.m.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____;

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

that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

7. Birth date of deceased July 9 1855
(Month) (Day) (Year)

Immediate cause of death _____
Natural causes

8. AGE: Years 85 Months 6 Days 11 If less than one day _____ hr. _____ min.

Due to (Undetermined)

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

Due to Coronary case

10. Usual occupation House Wife

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

11. Industry or business _____
12. Name Jot Creson
13. Birthplace Howard Co Mo.
14. Maiden name Sarah Embree
15. Birthplace Howard Co Mo.

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Herschel Deskin
(b) Address Higbee Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Jan 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

(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? _____

18. (a) Signature of funeral director Joe W. Burton
(b) Address Higbee Mo

925
While at work _____ (Specify type of place) (e) Means of injury Coronary

19. (a) File 22-41 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

23. Signature H. E. Griffith (M. D. or other) _____
Address 1-21-41 Moberly Date signed _____

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 *WJ*

Registered Apprentice No. _____

working under my personal supervision.

Signed

Orvil Roberson

Licensed Embalmer No. *4101*

P. O. Address *Highland, N.J.*

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.