

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **235**

Primary Registration District No. **3034**

Registrar's No. **25**

88
6
5
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:
1121 Bond
(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. 1121 Bond
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Mary Ellen Childs

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 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 Dec. 13th 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name William H. Hopson
13. Birthplace Ill.
14. Maiden name Louisa J. Adair
15. Birthplace Ill.

16. (a) Informant Mrs. Zelma Rice
(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Jan. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo

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

19. (a) Jan 20-41 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18th
year 1941 hour 12 minute 15 a.m.

21. I hereby certify that I attended the deceased from Jan 3, 1941
9 to Jan 18, 1941
that I last saw her alive on Jan 17, 41
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
(Chronic)
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

925
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. O. Fickell (M. D. or other) _____
Address Moberly, Mo Date signed 1-20-41

RECEIVED

District Health Officer No. 10

District File Number 2-41-428

Date Filed FEB 19 1941

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 B D^r Watt

Licensed Embalmer No. 3021

P. O. Address. Mobily, Miss

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.