No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18796

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 108

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: 413 Farrar /
(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 88

(c) City or town Moberly 6
(If outside city or town limits, write "RURAL") 5

(d) Street No. 413 Farrar
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Ella Sarver

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 Widowed

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

7. Birth date of deceased Sept (Month) 1st (Day) 1860 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	8	8	..... hr. ..... min.

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

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace ..... (City, town, or county) / (State or foreign country)

16. (a) Informant William Sarver
(b) Address Moberly

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May (Month) 11th (Day) 1941 (Year)
(c) Place: burial or cremation Bonner Springs Kas

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

19. (a) May 11-41 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
year 1941 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from none, 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown - Natural	
Due to Coroners case	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

200 C

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? 25 (e) Means of injury Coroner 3

23. Signature H. C. Griffiths (M. D. or other)
Address Moberly Mo Date signed 5/11/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1086
Date Filed JUN 12 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 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 w the above constitutes grounds for revocation of license.)

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