No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18805

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 116

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

8
6
3

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: Woodland Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 13 days (Specify whether years, months or days)

In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly Mo. 6
(If outside city or town limits, write "RURAL") 3

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs Ethel Dearing

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 Married

6. (b) Name of husband or wife Charley Dearing

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan (Month) 3 (Day) 1904 (Year)

8. AGE: Years 37 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Cooper Co, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

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

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Charley Dearing
(b) Address Higgee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Pisgah, Cooper Co Mo

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

19. (a) May 18-41 (Date received by local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1941 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from May 3, 1941, to May 16, 1941; that I last saw her alive on May 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute intestinal obstruction due to adhesions	2 days
Due to	
Due to	

Other conditions About 6 mo pregnant.
(Include pregnancy within 3 months of death)

Major findings: Baby born May 17 died same day.
Of operations Acute intestinal obstruction due to adhesions.
Of autopsy Obstruction released May 3, 1941

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature R. D. Stueter (M. D. or other) M.D.
Address Moberly, Mo. Date signed May 17/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1075
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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul T. Miller.

Licensed Embalmer No. 2866

P. O. Address Fayette Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.