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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39201

State File No. _____
Registrar's No. 2150

Registration District No. 735

Primary Registration District No. 3034

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly, CTM
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
604 Promenade 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6.3 years
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. 604 Promenade
(if rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, 2nd
year 1941 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on Dec. 2nd, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Robert Wirt

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

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

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

7. Birth date of deceased Aug 23 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 9 hr. min.

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

10. Usual occupation Retiree

11. Industry or business _____

12. Name William Wirt

13. Birthplace Va 1
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Robertson

15. Birthplace Va 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. S. Hill

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Dec 4 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Dec 4-41 (b) Peak Release
(Date received local registrar) (Registrar's signature)

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 D

23. Signature W. E. Hill (M. D. or other) _____

Address Moberly, Mo Date signed 2-4-41

100 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

DEC 29 1941

RECEIVED

District Health Officer No. 10

District File Number 12-41-2243

Date Filed DEC 18 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. D'Witt

..... Licensed Embalmer No.

..... P. O. Address.....

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.