DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6128

Registration District No. 73 | Primary Registration District No. 5291 | Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Rural Liberty (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: J. L. Grimes Home R#3 Liberty, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 mos. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Macon 61

(c) City or town: ~~Rural~~ Moberly (If outside city or town limits, write "RURAL")

(d) Street No.: ~~Co. Home~~ (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME: LIDA C. WOOLEN

3. (b) If veteran, name war: —

3. (c) Social Security No.: NONE

4. Sex: M

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: Unknown (Month) (Day) (Year)

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

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

10. Usual occupation: ~~Unknown~~ Farmer

11. Industry or business:

FATHER

12. Name: Unknown

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

MOTHER

14. Maiden name: Unknown

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

16. (a) Informant: —

(b) Address:

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2/5/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Moberly Missouri

18. (a) Signature of funeral director: Church-Anker Co.

(b) Address: Liberty Mo.

19. (a) Feb. 5 1943 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1943 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb 3, 1943 to Feb 5, 1943 that I last saw h. alive on Feb 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: General Arteriosclerosis

Due to: General Arthritis

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.

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? (e) Means of injury:

23. Signature: Burton Malby (M.D. or other) M.D.

Address: Liberty Mo. Date signed: 5-2-43

926

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....
Date Filed 3-4-43

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 Sam D. Church

Licensed Embalmer No. 3286

P. O. Address.....

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

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

2B
21-41
29288

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

DEPARTMENT OF COMMERCE
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STANDARD CERTIFICATE OF DEATH

State File No. 6128

Registration District No. ..... Primary Registration District No. 5-291 Registrar's No. .....

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Randolph

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

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

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Lida C Wooden

3. (b) If veteran, name war: —

3. (c) Social Security No. —

4. Sex: m

5. Color or race: w

6. (a) Single, widowed, married, divorced: wid

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

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

7. Birth date of deceased: unk (Month) (Day) (Year)

8. AGE: Years: abt 80 Months: - Days: — (If less than one day) ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER

12. Name .....

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

14. Maiden name .....

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

16. (a) Informant: Mrs Grimes

(b) Address: Rural - Clay County

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

(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 3 year: 1949 hour: ..... minute: ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....

Address ..... Date signed .....

SUPPLEMENTARY