

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

1. PLACE OF DEATH  
(a) County Randolph  
(b) City or town Moberly  
(c) Name of hospital or institution: 623 Adams Ave  
(d) Length of stay: In hospital or institution, write street number or location none  
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(d) Street No. 623 Adams Ave  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JANE SNELL  
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar - day 20<sup>th</sup> year 1943 hour 5 minute 45 P.M.  
21. I hereby certify that I attended the deceased from March 17 to March 20 1943 that I last saw her alive on March 20 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Black 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 Jan - 10 - 1868 (Month) (Day) (Year)

Immediate cause of death Decompensated Initial Regurgitation  
Duration 8 days

8. AGE: Years 75 Months 2 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 92 lb

9. Birthplace Monroe Co. Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name John Noel  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mandy McCord  
15. Birthplace unknown (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs John Gansner  
(b) Address 623 Adams Ave Moberly Mo.  
17. (a) Burial (b) Date thereof Mar 28-43 (Month) (Day) (Year)  
(c) Place: burial or cremation Moberly Mo.  
18. (a) Signature of funeral director John Noel  
(b) Address Moberly Mo.  
19. (a) 3/22/43 (Date received local registrar) (b) Virginia Hove (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) (c) Means of injury \_\_\_\_\_  
23. Signature E. H. Schroeder (M. D. or other) \_\_\_\_\_  
Address Moberly Mo. Date signed 3-22-43

RECEIVED

District Health Officer No. 10

District File Number 4-43-667

Date Filed APR 8 1943

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

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.