

FILED DEC 9 1943

State File No. _____

Registration District No. 294

Primary Registration District No. ~~323~~ 6010

Registrar's No. 239

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly R.F.D #2 Sugar Creek
(If outside city or town limits, write "RURAL" and name of town, city or village.)

(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town R.F.D #2 Moberly Sugar Creek
(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 Henry H Deskin

3. (b) If veteran, name war World War I

3. (c) Social Security No. 491-07-1645

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 23rd 1896
(Month) (Day) (Year)

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

47 1 1 _____ hr. _____ min.

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

10. Usual occupation Cleaner

11. Industry or business Holman's Laundry

MOTHER FATHER { 12. Name Jerry Deskin

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

14. Maiden name Annie Moberly

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

16. (a) Informant Estill Deskin

(b) Address R.F.D #2 Moberly, Mo

17. (a) Burial (b) Date thereof 11-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deskin Cemetery

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

(b) Address Moberly Mo

19. (a) 11-28-43 (b) Irma Nave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24th
year 1943 hour _____ minute am

21. I hereby certify that I attended the deceased from Aug 20
1943 to Nov 24th 1943
that I last saw him alive on Nov 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Myocarditis

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

Duration 11 hrs

3700

Major findings: 9321

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)

(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 Ben S. Jolly (M.D. or other) DO

Address 3012 R.F.D #2 Moberly Date signed 11-26-43

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

NOV 26 1946

9 1945

RECEIVED

District Health Officer No. 10

District File Number 12-43-1903

Date Filed JUN 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 Frank D. 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 with the above constitutes grounds for revocation of license.)

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