No. 2
1—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38972

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 203

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1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly
(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 DEACESED:
(a) State: Mo (b) County: Randolph
(c) City or town: Moberly
(If outside city or town limits, write "RURAL")
(d) Street No.: 522 Bedford st
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Phillis Eddtene Shobe
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: FEMALE
5. Color or race: C.O.L.
6. (a) Single, widowed, married, divorced: 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 7 (Month) – 22 (Day) – 43 (Year)
8. AGE: Years ..... Months: 2 Days: 13 If less than one day ..... hr. ..... min.
9. Birthplace: Moberly (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: baby
11. Industry or business .....
12. Name of father: EDGAR L. SHOBE
13. Birthplace of father: K.C. (City, town, or county) mo. 0 (State or foreign country)
14. Maiden name of mother: QUINLOCK BLACKSHAYE
15. Birthplace of mother: K.C. (City, town, or county) mo 0 (State or foreign country)
16. (a) Informant: QUINLOCK Shobe
(b) Address: 522 bedford
17. (a) Burial, cremation, or removal ..... (b) Date thereof: 10/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation: OAKLAND CEMETARY
18. (a) Signature of funeral director: R. Carr
(b) Address: 417 N 5th St
19. (a) 10-6-43 (Date received local registrar) (b) Irma Have (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 4 year: 1943 hour: 2 minute: P M.
21. I hereby certify that I attended the deceased from ..... 19..... to none 19..... ; that I last saw h. ..... alive on ..... 19..... ; and that death occurred on the date and hour stated above.

Immediate cause of death: Natural - undetermined
Due to: Coroners case ✓
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? ..... Means of injury: Coroner
23. Signature: H. G. Griffith (M. D. or other)
Address: Moberly Mo Date signed: 10/5/43

1036 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-437867
Date Filed NOV 16 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 L Carr

Licensed Embalmer No. 3190

P. O. Address Mabelly 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.

. No. 2B
A—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2 Lec.

Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(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 ____ (b) County ____

(c) City or town ____
(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 Phillis C. Shobe

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased July (Month) 22 (Day) 1943 (Year)

8. AGE: Years ____ Months 2 Days ____ If less than one day: hr. ____ min.

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

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

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

16. (a) Informant ____
(b) Address ____

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 Oct. Day ____ Year 1943 Hour ____ Minute ____ M.

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

Immediate cause of death Natural - undetermined — Duration

Due to Coroners Case L

Due to Likely Coronary Thrombosis

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

Major findings:
Of operations 9/4 a

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury Coroner

23. Signature H. Griffith (M. D. or Other)

Address Moberly Mo Date signed 11-2-1943

SUPPLEMENTARY

38972