

S. No. 2  
M-2-43  
5-17-39  
X33897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3158

FILED FEB 13 1945

State File No. \_\_\_\_\_

Registration District No. 174

Primary Registration District No. 3056

Registrar's No. 12

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

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:  
412 No. Moulton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Emma Pagett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married. 2 divorced Widowed

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

7. Birth date of deceased: July 31<sup>st</sup> 1964  
(Month) (Day) (Year)

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

80 | 6 | 16 | \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name John Herron

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

14. Maiden name Rebecca Skinner

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

16. (a) Informant Mrs. V.L. Copenhaver

(b) Address Kansas City, Mo

17. (a) Burial (b) Date thereof Jan 19<sup>th</sup> 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Malsam and Sow

(b) Address Moberly, Mo

19. (a) 1-18-45 (b) Emma Havel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

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

(d) Street No. 412 No Moulton  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16<sup>th</sup>  
year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 16 1945 to Jan 16 1945  
that I last saw her alive on Jan 16 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart trouble

Duration \_\_\_\_\_

Due to Chronic Nephritis

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) no

(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 J. J. Havel (M. D. or other) \_\_\_\_\_

Address Moberly Mo Date signed 1-18-45

1036

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 2-15-216

Date Filed FEB 11 1945

**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. Welt.....

Licensed Embalmer No. 3021.....

P. O. Address Proberly 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.**