S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

Registration District No. 294

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 17894

Registrar's No. 89

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: Woodland Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) ~~City or~~ township of Union
(If outside city or town limits, write "RURAL")

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

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

If yes, name country ____

3. (a) PRINT FULL NAME Mable V. O'Hearn

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William O'Hearn

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

7. Birth date of deceased Dec (Month) 24th (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	4	18	____ hr. ____ min.

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

10. Usual occupation Athome

11. Industry or business ____

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

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

16. (a) Informant William O'Hearn
(b) Address RFD Moberly, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14th 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Laddonia Mo

18. (a) Signature of funeral director Mulvaw and Son
(b) Address Moberly Mo

19. (a) 5-14-45 (Date received local registrar) (b) Irma Hale (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1945 hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from May 11, 1945, to May 12, 1945; that I last saw her alive on May 12, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac arrest during Nitrous-oxide-oxygen anesthesia during diagnostic curettage

Due to ____

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 0

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

Address Moberly, Mo Date signed 5/14/45

1036 (Licensed Embalmer's Statement on Reverse Side)

JUL 10 1946

JUN 17 1945

JUN 26 1945

RECEIVED
District Health Officer No. 10
District File Number 6-45-903
Date Filed JUN 7 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. DeWett

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.