

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 17 1945
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 171

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: 507 Winchester
(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 Mo (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 507 Winchester
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roda White

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race col 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: _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 79 Months 7 Days 17 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 _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Sadie Harris
(b) Address 507 Winchester

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/45 (Month) (Day) (Year)

(c) Place: burial or cremation Madison

18. (a) Signature of funeral director Robert L. Carr
(b) Address 417 N. 5th Moberly Mo
(c) Date received by registrar 9-18-45 (Date received by registrar) (d) Seal Sullivan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1945 hour 5 AM minute _____ M.
21. I hereby certify that I attended the deceased from July _____, 1945 to Sept 15, 1945
that I last saw her alive on Oct 14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 6mo Duration

Due to old age

Due to _____

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

Major findings: Of operations 9/18/45
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 H. G. Kuspick (M. D. or other) _____
Address Moberly Date signed 9/15/45

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

MOTHER FATHER

OCT 19 1945

RECEIVED

District Health Officer No. 10

District File Number 10-45-1220

Date Filed OCT 16 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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address None

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.