

No. 2  
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5-17-39  
X 35997

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3802

FILED JAN 28 1946

State File No. \_\_\_\_\_  
Registrar's No. 260

Registration District No. 277 Primary Registration District No. 3056

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: 319 Halleck /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Randolph  
(c) City or town 319 Halleck  
(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 Catherine Weeks  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 26<sup>th</sup> year 1945 hour early morning M.  
21. I hereby certify that I attended the deceased from Coroner's Case 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 14 1862  
(Month) (Day) (Year)

Immediate cause of death Natural  
Undetermined Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
83 11 12 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
10. Usual occupation At home

Major findings: Of operations 2000 Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Calvin Bradley  
13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name Catherine Nichols  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant M.C. Harris  
(b) Address Moberly, Mo

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? \_\_\_\_\_

(a) Burial (b) Date thereof Dec 28 45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Moberly, Mo  
18. (a) Signature of funeral director Malian and Son  
(b) Address \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

19. (a) Dec 29 45 (b) Beal Williams  
(Date received local registrar) (Registrar's signature)

23. Signature W.H. Williams (M. D. or other) M.D.  
Address Moberly, Mo. Date signed 12-28-45

(Licensed Embalmer's Statement on Reverse Side) Coroner Randolph Co.

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

100801

RECEIVED

District Health Officer No. 113

District File Number 1-46-123

Date Filed JAN-24-1946

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. 3091

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.