

FILED MAR 1 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 9

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: McCormick 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 town Clark
(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 Velma Lee Bortee

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 8th 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name William Crosswhite
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name WHITE COTTINGHAM
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Charles Bortee

(b) Address Clark Mo

17. (a) Burial (b) Date thereof Jan 13th 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clark Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Jan 13-46 (b) Seal Williams
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1946 hour 8 minutes 55 a M.

21. I hereby certify that I attended the deceased from 1-10, 1946 to 1-11, 1946 that I last saw her alive on 1-11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Concephalitis Duration 2 ds

Due to Infection following
Grippe

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

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. L. McCormick (M. D. or other) MD
Address Moberly Mo Date signed 11-46

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

88
6
3

RECEIVED

District Health Officer No. 10

District File Number 2-46-358

Date Filed FEB 28 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 S. D. Wilt

Licensed Embalmer No. 3821

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.