

FILED MAR 27 1946

Registration District No. 294

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 1
(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. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Frances Courreton

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

4. Sex Female 5. Color or race wh
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 3-23-1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>21</u>	hr. - min.

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

10. Usual occupation Domestic

11. Industry or business _____

12. Name Thomas Gallison

13. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ferguson

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

16. (a) Informant Mrs. May Selay
(b) Address Blue Earth, Minn.

17. (a) Burial (b) Date thereof 2-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethelham Cemetery Moberly Mo

18. (a) Signature of funeral director H. V. Edwards
(b) Address 13 Craig Moberly Mo

19. (a) Feb 21-46 (b) Seal Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-1-46 to 2-14-46, 1946;
that I last saw her alive on 2-13-46, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to _____

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 2

23. Signature E. T. Whitaker (M.D. or other) Mo

Address Moberly, Mo Date signed 2-14-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9360

RECEIVED

District Health Officer No. 10

District File Number 3-46-604

Date Filled MAR 19 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 M. S. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier, 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.