No. 2
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13061

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14158

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 58

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: 626 S. Clark (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days) In this community: Entire Life in County

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph

(c) City or town: Moberly (If outside city or town limits, write "RURAL")

(d) Street No.: 200 Bedford (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: ALICE WATTERFIELD

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Tom A Watterfield

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

7. Birth date of deceased: Nov. (Month) 9 (Day) 1870 (Year)

8. AGE: Years 75 Months 3 Days 17 If less than one day: hr. min.

9. Birthplace: Huntsville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Jasper Dennis

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

MOTHER 14. Maiden name: Unknown

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

16. (a) Informant: Mrs. Howard Ridgeway

(b) Address: 626 S. Clark Moberly Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 28 - 46 (Month) (Day) (Year)

(c) Place: burial or cremation: Sugar Creek

18. (a) Signature of funeral director: Stow Funeral Home

(b) Address: Moberly Mo.

19. (a) Mar 1-46 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th year 1946 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1946 to Feb 26, 1946 that I last saw her alive on Feb 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver & Gall Bladder	2 month
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Jaundice	1 month.

Major findings:
Of operations: None
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: D. H. Johnston (M. D. or other) D.O.

Address: Moberly Mo. Date signed: 3/1/46

267 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-46-825
Date Filed APR 22 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 R. M. Cater

Licensed Embalmer No. 4117

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.