

3. No. 2
-12-45
5-17-39
I X47070

FILED APR 2 1947

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 74

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

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:
707 1/2 W. Reed
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ida B. Roach

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Nov 18th 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 4 hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Richard Clement
13. Birthplace Va
14. Maiden name Jane Hill
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Jesse
(b) Address Moberly

17. (a) Burial (b) Date thereof Feb 24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahon and Son
(b) Address Moberly Mo

19. (a) Feb 24-47 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

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. 707 1/2 W. Reed
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
year 1947 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1947, to March 22, 1947
that I last saw her alive on March 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration 4 yrs

Due to arterio-sclerosis P.K.

Due to _____

Other conditions: _____
(include pregnancy within 5 months of death)

Major findings: Of operations none
Of autopsy none
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 R. P. Dreyer (M. D. or other MD)
Address Huntsville Mo Date signed 3/29/47

RECEIVED
District Health Officer No. 10
District File Number 447-600a
Date Filed APR - 1 1947

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. 3021
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.