

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25085
Registrar's No. 163

Registration District No. 294

Primary Registration District No. 3056

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:
McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Randolph 88
(c) City or town: Huntsville /
(If outside city or town limits, write "RURAL")
(d) Street No.: Library Street 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Guy Eugene Mofitt
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: male 5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: September 20 1904
(Month) (Day) (Year)

8. AGE: Years: 42 Months: 9 Days: 22
If less than one day: _____ hr. _____ min.
9. Birthplace: Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation: farming
11. Industry or business
12. Name: Charles B. Mofitt 9
13. Birthplace: Don't know /
(City, town, or county) (State or foreign country)
14. Maiden name: Essie Mae Williamson 3
15. Birthplace: Audrain County Missouri 3
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. J.W. Cheshier
(b) Address: Huntsville, Missouri
17. (a) burial (b) Date thereof: 7/13/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Huntsville, Missouri

18. (a) Signature of funeral director: Tom B. Patton
(b) Address: Huntsville, Mo.
19. (a) July 13-47 (b) Loak Hollister
(If received local registrar) (Registrar's signature) 1612

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: July day: 12
year: 1947 hour: 1 minute: 30 A.M.
21. I hereby certify that I attended the deceased from 5/19/47 to 7/12/47, 19____;
that I last saw him alive on 7/11/47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: acute Cardiac dilatation
Due to: Coronary thrombosis
Due to:

Other conditions: angina pectoris 5-6 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: 94%
Duration
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) (c) Means: gun
23. Signature: Henry M. Bellman D.O. (M. D. or other)
Address: Huntsville, Mo. Date signed: 7/12/47

RECEIVED
District Health Officer No. 10
District File Number 7-47-974
Date Filed JUL 30 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 Paul S. Patton
Licensed Embalmer No. 4095
P. O. Address Huntsville, Ala

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.