S. No. 300
M—10-47
5-17-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30691

FILED OCT 5 1948

Registration District No. 2014

Primary Registration District No. 2056

Registrar's No. 250

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: 315 Epperson
(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)
In this community

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

3. (a) PRINT FULL NAME Charlotte O. Haworth
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

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

8. AGE: Years 79 Months 2 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) MO (State or foreign country)
10. Usual occupation At home
11. Industry or business

FATHER
12. Name George Hager
13. Birthplace (City, town, or county) Mass. (State or foreign country)

MOTHER
14. Maiden name Mary Cavary
15. Birthplace (City, town, or county) O (State or foreign country)

16. (a) Informant Mrs Oak Hunter
(b) Address Moberly, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly
18. (a) Signature of funeral director Malvin and Son
(b) Address Moberly, Mo
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25th year 1948 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	2 weeks
Due to Arteriosclerosis	Before
Due to	
Other conditions (Include pregnancy within 3 months of death) Recent Fracture Neck of Femur	4 days

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

PHYSICIAN — Underline 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) 127
(b) Date of occurrence
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature L. O. Pickell (M. D. or other)
Address Moberly, Mo Date signed 9-27-48

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1959

RECEIVED
District Health Officer No. 10
District File Number 10-48-1714
Date Filed OCT 4 - 1948

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 De 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.