

S. No. 2
OM-5-43
v. 5-17-39
I X36671

41133

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 13 1949

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 3

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: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community _____
years, months or days)

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

3. (a) PRINT FULL NAME Annie Elizabeth Crist

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 widowed

6. (b) Name of husband or wife Lawrence Crist 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 29 1860
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 2
If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

MOTHER FATHER

11. Industry or business _____

12. Name Jacob Ruch

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Elmer Sneed

(b) Address Moberly, Missouri

17. (a) burial (b) Date thereof 1/2/1949
(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) 1-2-49 (b) Paul W. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1948 hour 2:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 31
1948, to _____ 19____
that I last saw him alive on Dec 31
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia Duration _____

2. Urinary tract infection 24 hrs

3. Arteriosclerosis 3 Undet.

Due to 4 cause undetermined

Due to 2. Undet.

Due to 3. Undet.

Due to 2. Undetermined

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 Clarence C. Cohen (M. D. cert) _____

Address 204 1/2 N. 4th St. Moberly, Mo Date signed Jan 5 49

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

RECEIVED

District Health Officer No. 10

District File Number 14970

Date Filed JAN 11 1949

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 J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.