

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Russell  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 127 Bedford St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 127 Bedford  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th  
year 1941 hour 4 AM, minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Jan 4  
1941 to March 5, 1941  
that I last saw her alive on Jan 28, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion  
or myocardial infarct  
Due to fracture right hip  
Due to tripped over rug  
in living room  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underlines the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 127  
(b) Date of occurrence Jan 4th 1941  
(c) Where did injury occur? Home 127 Bedford St  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home living room  
While at work? no (Specify type of place)  
(e) Means of injury falling

23. Signature M. H. Magee (M. D. or other) \_\_\_\_\_  
Address Moberly Mo Date signed 3/6/41

8. (a) PRINT FULL NAME Social M. Lynch  
3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (c) Age of husband or wife If alive \_\_\_\_\_ years  
7. Birth date of deceased Nov 28 1894  
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hannibal Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Leola Margis  
13. Birthplace St. Louis (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Leblanc  
15. Birthplace St. Louis (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Lockhart  
(b) Address 127 Bedford St Moberly Mo

17. (a) \_\_\_\_\_ (b) Date thereof Mar 17 1941  
(Burial, cremation, or disposal) (Month) (Day) (Year)  
(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director W. H. Beland  
(b) Address Highway 925

19. (a) Mar 7-41 (b) Pearl Lockhart  
(Date received local registrar) (Registrar's signature)

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

8  
1  
3

88  
6  
3

RECEIVED

District Health Officer No. 10

District File Number H-41-788

Date Filed APR 14 1941

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 E. L. Polansky

Licensed Embalmer No. 1399

P. O. Address Stigbee

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, above space should be left blank.