No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 10 1947
Registration District No. 12x

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5796

State File No. 38984

Registrar's No. 72

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California - Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: California Mo. Rural
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi South of California
(If rural, give location)
Walker
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Viola Gertrude Senior
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife A.N. Senior
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 15 (Day) 1872 (Year)

8. AGE: Years 75 Months 9 Days If less than one day hr. min.

9. Birthplace Moniteau County (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Jack Crawford
13. Birthplace Moniteau County - Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Dixon
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. V. Halford
(b) Address California, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sappington Cem.
18. (a) Signature of funeral director Kathaus Funeral Home
(b) Address California Mo.
19. (a) 11-17-47 (Date received local registrar) (b) H.R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15
year 47 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from Suddenly 19..., to Passed away 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 hrs
Due to Arteriosclerosis	3 Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy	

PHYSICIAN
Underline the cause of 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 H.R. Popejoy (M. D. or other) M.D.
Address California Mo. Date signed 11-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File No. [redacted]
Date Filed 12-9-42

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 H E Freidmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.