

DEC 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10198  
Do not use this space.

1. PLACE OF DEATH  
 (a) County BUCHANAN Registration District No. 85  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1001  
 (c) City St. JOSEPH (d) Street No. 701 Highland Ave Registered No. 337  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. 15 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS INEZ EMELINE MOONEY 500  
 (a) Residence, No. 701 Highland St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN R. MOONEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC-20-1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>79</u>	<u>3</u>	<u>1</u>		

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) NEAR SAVANNAH (STATE OR COUNTRY) Mo.

FATHER 13. NAME THOMAS BOWLIN  
 14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME MARY STRADER  
 16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. C. B. ARN (ADDRESS) BRONSON KANSAS

18. BURIAL, CREMATION, OR REMOVAL PLACE SAVANNAH MO DATE MAR 23 1939

19. FUNERAL DIRECTOR J. FRED TERHUHE (ADDRESS) SAVANNAH MO

20. FILED Feb 22 1938 H. J. Nestlehusch (Address) St. Joseph Mo  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10th 1938 to Feb 21, 1938  
 I last saw h... alive on Feb 20, 1938 Death is said to have occurred on the date stated above, at 2 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Fractured hip Date of onset Jan 18  
1966  
 Other contributory causes of importance: 19  
Bed sores  
 Name of operation reduction Date of Jan 18  
 What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide accident Date of injury 2-18-38  
 Where did injury occur? SAVANNAH MO  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Fell on floor  
 Nature of injury Fractured hip

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify Arthur H. Kelley, M. D.  
 (Signed) St. Joseph Mo  
 (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J. Fred Turkine, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed J. Fred Turkine

Licensed Embalmer No. 1279

**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.)**