

DEC'D FEB 25 1939

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

3387  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Reynolds 2 Registration District No. 653  
(b) Township Concord Primary Registration District No. 5865 Registered No. 5  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
1008 Pearl Moore

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Dave Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 10 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper  
9. Industry or business in which work was done, as saw mill, bank, etc. home  
10. Date deceased last worked at this occupation (month and year) 1-9-1939 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silmore ark.

FATHER 13. NAME Rich Rittman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silmore ark

MOTHER 15. MAIDEN NAME Luella Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silmore ark

17. INFORMANT (ADDRESS) Dave Moore  
Swift mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Silmore, ark. DATE 1-18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm J. Smith  
Swift mo

20. FILED 1-15 1939 J. W. Rhodes  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1939, to 1-17 1939

I last saw her alive on 1-14 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Bronchopneumonia Date of onset

Other contributory causes of importance:  
Acute cholecystitis  
retention of urine

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? 8+5 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) W. J. Smith, M. D.  
Swift mo (Address)

COPIES OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer

District File Number 39

Date Filed 2-10

**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 .....

Licensed Embalmer No. ....

P. O. Address .....

**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.**