

AUG 14 1939

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

25183

Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
(a) County Bulley Registration District No. 88  
(b) Township Neely Primary Registration District No. 5130  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 600 Annie Moore  
(a) Residence, No. \_\_\_\_\_ 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) widow  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pitts Moore  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 - 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 9 11  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife  
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) 1939 11. Total time (years) spent in this occupation life  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Ky.  
13. NAME James H. Mousper  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Ky.  
15. MAIDEN NAME Melvinga E. Mousper  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Ky.  
17. INFORMANT (ADDRESS) Ruby Fletcher - Blytheville Ark.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE \_\_\_\_\_ 19\_\_\_\_  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. Minnie G. S. Naylor, Mo.  
20. FILED 8-9 1939 To Lauterfelt  
Locdi Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 - 1939  
22. I HEREBY CERTIFY That I attended deceased from July 21 1939, to July 21 1939  
I last saw him alive on July 21 1939 Death is said to have occurred on the date stated above, at 9:00 m.  
The principal cause of death and related causes of importance were as follows:  
apoplexy  
hypertension  
Date of onset 3  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? path - postmort 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) H. E. Ebeling, M. D.  
(Address) Naylor, Mo.

**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 *B. C. Mc Cord*

Licensed Embalmer No. *4079*

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.**