

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.

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

29659  
Do not use this space.

REC'D SEP 14 1939

1. PLACE OF DEATH

(a) County Marion Registration District No. 541  
(b) Township Jefferson Primary Registration District No. 5739  
(c) City Highgate (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Delores Geraldine Moreland

(a) Residence, No. Highgate, Mo. St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 23, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
3 hours.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Highgate, Mo. (STATE OR COUNTRY) Mo.

13. NAME Melvin Moreland

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Rubey G. Barnett.

16. BIRTHPLACE (CITY OR TOWN) Iberia, Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT Melvin Moreland. (ADDRESS) Highgate, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highgate, Mo DATE 7-24-39 19. \_\_\_\_\_

19. FUNERAL DIRECTOR (NAME) Jonas W. Gorman. (ADDRESS) St James, Mo.

20. FILED Sept 10, 1939 Wm Lewis Johnson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1939, to July 23, 1939.  
I last saw her alive on July 23, 1939. Death is said to have occurred on the date stated above, at 10 P. M.  
The principal cause of death and related causes of importance were as follows:

Ateloidosis

Date of onset 7/23/39

Other contributory causes of importance:

Pre-natal birth 8 months

7/23/39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Autopsy 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) Walter H. Starnes M. D.

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**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.**