

NOV 18 1939

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

35394
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 30
(b) Township 1 Primary Registration District No. 3003
(c) City Monett or (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. da.

2. PRINT FULL NAME Blanche Ermina Moses

(a) Residence, No. 800 3rd. St. 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 F. Moses

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 6

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) Chesterville,
(STATE OR COUNTRY) Ohio.

13. NAME Daniel S. Breece,

14. BIRTHPLACE (CITY OR TOWN) Morrow Co., Ohio.
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Hendershot,

16. BIRTHPLACE (CITY OR TOWN) New Jersey.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Mabel Wagner,
(ADDRESS) Monett, Mo.

18. BURIAL, ~~PREPARATION~~ ~~OR~~ ~~REMOVAL~~
PLACE L.O.O.F. Cemetery DATE Oct. 24, 1939

19. FUNERAL DIRECTOR (NAME) Callaway's
(ADDRESS) Monett, Mo.

20. FILED 10-21-1939 W. M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15 - 1939 Oct. 21 - 1939
I last saw her alive on Oct. 21 - 1939 Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia Bronchitis and Flu Date of onset Oct. 15-39
Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) L. H. Ferguson, M. D.
Monett, Mo. (Address)

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

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RECEIVED

District Health Officer No. 6,

District File Number 1139-2206

Date Filed NOV 7 1939

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 me

J. D. Buchanan
working under my personal supervision.

Registered Apprentice No. _____

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Provet, 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, above space should be left blank.