

35481

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 79Primary Registration District No. 5116

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural, Boone Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)In this community _____
years, months or days 35 years3. (a) PRINT FULL NAME REBECCA ANN MOULDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 30 1853
(Month) (Day) (Year)8. AGE: Years 86 Months 1 Days 10 If less than one day _____ hr. _____ min.9. Birthplace Camden Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Wop.

11. Industry or business _____

12. Name Levi Capps13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name Miss Cyrus15. Birthplace Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature W. N. Moulder(b) Address Blask, Mo.17. (a) Burial (b) Date thereof Oct. 2, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Harrisburg Cem.18. (a) Signature of funeral director Barnes & Bortha(b) Address Sturgeon, Mo.19. (a) Oct. 2, 1939 (b) RE Bortha
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone(c) City or town Rural
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 1939
year 1939 hour 10 minute P M.21. I hereby certify that I attended the deceased from Aug 30
30, 1939 to Sept. 15, 1939
that I last saw her alive on Sept 30, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Metral Insufficiency Duration 18 mos?

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. N. Moulder (M. D. or other MD)Address Sturgeon Mo. Date signed 9-2-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39
S.O.L. 1-1-40
I 19391

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 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.