

REC'D DEC 13 1939

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

39362
Do not use this space.

1. PLACE OF DEATH
 (a) County Clay Registration District No. 201
 (b) Township Liberty Primary Registration District No. 5480 Registered No. _____
 (c) City Liberty (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 Elizabeth C 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 7 10

OCCUPATION
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Missouri 09

FATHER
 13. NAME Henry Weber 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 6

MOTHER
 15. MAIDEN NAME Mary Howell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Anna Pearson
 (ADDRESS) K C - mo

18. BURIAL, CREMATION, OR REMOVAL Funeral
 PLACE Liberty Mo DATE Nov 27, 1939

19. FUNERAL DIRECTOR Brothers & Leming
 (ADDRESS) Liberty Mo

20. FILED 12-5-1939 W H Shaffer
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1939 to Nov 25, 1939
 I last saw her alive on Nov 25, 1939 Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Embolism Nov 25, 1939
 General Atherosclerosis 1925
 Chronic Bronchitis 1918

Other contributory causes of importance:
22 b

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Burton Matthey, M. D.
 946 (Address) Liberty Mo

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

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Victor E. Truminger, Licensed Embalmer No. 2896

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Victor E. Truminger
Licensed Embalmer No. 2896

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.)