

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

1603
Do not use this space.

FILED FEB 15 1940

1. PLACE OF DEATH
 (a) County BATES Registration District No. 50
 (b) Township 0 Primary Registration District No. 3004 Registered No. 6
 (c) City BUTLER (d) Street No. MEMORIAL HOSP - BUTLER MO. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME RODINDIA V. MOORE
 (a) Residence, No. 0 St. FOSTER MO.
 (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 M 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 JAMES MOORE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 25-1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>59</u>	<u>6</u>	<u>3</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE

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) MISSOURI

FATHER 13. NAME WALLACE COX

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

MOTHER 15. MAIDEN NAME LAURA PATTERSON

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

17. INFORMANT (ADDRESS) Mrs Fred Colver
Spring City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE WOODHAY CEM DATE JAN 16 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) BOOTH FUNERAL HOME
BUTLER MO

20. FILED Jan 17 1940 Mrs L Colver
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 16 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1940 to Jan 16 1940
 I last saw her alive on Jan 16 1940 Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
Arteriosclerosis
93C
Chr. Myocarditis

Date of onset

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? _____
 If so, specify _____
 (Signed) W. L. Luter, M. D.
Butler, Mo
 53 (Address)

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.

RECEIVED

District Health Officer No. 7,

District File Number. 2-40-240

Date Filed 2-13-40

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

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address *Butler 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.