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

10037
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain Registration District No. 24
(b) Township Prairie Primary Registration District No. 4018 Registered No.
(c) City Laddonia (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.
500

2. PRINT FULL NAME Samuel Moomaw
(a) Residence, No. Laddonia 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Vilanta Moomaw
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27- 1848
7. AGE YEARS 91 MONTHS 2 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Ill

FATHER
13. NAME Joel Moomaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Susan Pence
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Alice Brown Laddonia, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Laddonia Mo DATE March 18, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H G Grainger Laddonia, Mo.
20. FILED 3-18-1940 W K McCall Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17, 1940
22. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1940, to Mar 16, 1940
I last saw him alive on March 16, 1940. Death is said to have occurred on the date stated above, at 4:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1937
Cerebral Hemorrhage	3-11-40

Other contributory causes of importance: 87 W

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) R B Baize M.D.
(Address) Laddonia Mo.

21

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. [illegible]
District File Number 4-40-802
Date Filed APR 11 1940

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, H. G. Grainger, or by _____,

Registered Apprentice No._____, working under my personal supervision.

Signed H. G. Grainger

Licensed Embalmer No. 1297

P. O. Address Laddonia, 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.