

FILED MAY 13 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16405

Do not use this space.

1. PLACE OF DEATH

(a) County North (b) Township Blatchell (c) City Grant City (d) Street No. 903
 (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

60-0 Margaret Susan Moore
 (a) Residence, No. Grant City St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Moore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1859
 7. AGE YEARS 80 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.
 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) Kentucky (STATE OR COUNTRY)

13. NAME William Floyd

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

15. MAIDEN NAME Francis Williams

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Reuben Barger (ADDRESS) Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Friendship DATE April 19, 1940

19. FUNERAL DIRECTOR (NAME) Arch E. Dunfee (ADDRESS) Grant City, Mo.

20. FILED April 22, 1940 Clifford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18-1940

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1940, to 4-18, 1940

I last saw her alive on 4-16, 1940. Death is said to have occurred on the date stated above, at 10:29 m.

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

Anemia of Stomach Date of onset 1938

Other contributory causes of importance: 46

Name of operation no Date of no
 What test confirmed diagnosis? Physician's findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1940

Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) S. J. Haskins M.D., M. D.

(Address) Grant City, Mo.

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..... *Arch C. Duffee*

Licensed Embalmer No. *3252*

P. O. Address *Grant City 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.