

Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (c) Name of hospital or institution: St Francis Hosp.
 (d) Length of stay: In hospital or institution 12 da.
 In this community 12 da.

3. (a) PRINT FULL NAME Vivian Moyers 620

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Luther Kenneth Moyers 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug. 25, 1913

8. AGE: Years 26 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Coruthersville Mo

10. Usual occupation House wife

11. Industry or business _____
 MOTHER FATHER { 12. Name John Mathis
 13. Birthplace Barstow, Ky.
 14. Maiden name Naomi Wilson
 15. Birthplace Tenn.

16. (a) Informant's own signature Luther Moyers

(b) Address Commerce Mo

17. (a) Cardak (b) Date thereof May 8 1940

(c) Place: burial or cremation Commerce Mo

18. (a) Signature of funeral director Bisplmghoff Alders

(b) Address Chaffee Mo

19. (a) 7-40 (b) J. M. Thompson

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
 (c) City or town Commerce Mo
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7 year 1940 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from 4/30 1940 to 5/7 1940

that I last saw her alive on 5/7 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Operation

Due to Cholecystectomy - Appendectomy

Other conditions Pil. Salpingitis

Major findings: Pil. Salpingitis

Of operation Appendectomy

Of autopsy _____

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? _____
 (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 A. J. Smith (M. D. or other) _____

Address Capl. Deaneham Date signed 5/8/40

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.

SEE WRITING BACK INK—MAKE A PERMANENT RECORD

12413

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.

Registration District No. 125-

Primary Registration District No. 3009

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Paris
(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 _____ (Specify whether _____)

years, months or days

3. (a) PRINT FULL NAME Virian Moyers

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 m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 26 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.

20. DATE OF DEATH: Month 5 day 7 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Operation, Laparotomy
Appendectomy
Cholecystectomy
Salpingitis

Duration 14 1/2

Major findings: PAEPP
Of operations State of
Of autopsy See Release of

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 A. L. Luceth (M. D. or other) _____
Address Cape Girardeau Date signed _____

SUPPLEMENTAL

S-18064