DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18641

Registration District No. 398 — Primary Registration District No. 5554 — Registrar's No. 146

1. PLACE OF DEATH:
(a) County Jackson Blvd Twp
(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1921 Hardy (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence (If outside city or town limits, write "RURAL")
(d) Street No. 1921 Hardy (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Jaunita Ellen Moran 630
3. (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 Harry M. Moran
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Oct. (Month) 25 (Day) 1903 (Year)

8. AGE: Years 36 | Months 6 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Clifton City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At home
11. Industry or business ✓
FATHER
12. Name Orlie White
13. Birthplace No record Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nettie Seat
15. Birthplace No record Missouri (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Harry M. Moran
(b) Address 1921 Hardy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/40 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Green Cem. Mo
18. (a) Signature of funeral director George E. Larson
(b) Address Independence, Mo.
19. (a) May 21 40 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1940 hour 6:30 minute A. M.
21. I hereby certify that I attended the deceased from 5/4/40 to 5/16/, 1940, to ____, 19__; that I last saw her alive on 5/16/40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Auricular Fibrillation	2 years
Due to: Ch. Rheumatic endocarditis valvular	20 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

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? 360 (Specify type of place)
While at work? (e) Means of injury

23. Signature Fred W Hink (M. D. ~~or other~~) 1
Address Fairmount, Mo Date signed 5/18/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Floyd B Carson, Registered Apprentice No. 237, working under my personal supervision.

Signed Marion L Weir

Licensed Embalmer No. 3156

P. O. Address Milbridge, Me

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.