

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22277
Registrar's No. 29

Registration District No. 13 Primary Registration District No. 4328

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Princeton, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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

3. (a) PRINT FULL NAME Leola Mae Moore
8. (b) If veteran, name war _____ 3. (c) Social Security No. 00
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 28, 1929
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>9</u>	<u>4</u>	hr. _____ min.

9. Birthplace Mercer County, Mo
(City, town, or county) (State or foreign country)
10. Usual occupation School

11. Industry or business _____
MOTHER FATHER
12. Name Charles Moore
18. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Leola
15. Birthplace Mercer County, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Moore
(b) Address Princeton, Mo
17. (a) Burial (b) Date thereof June 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Plumtree Ridge
18. (a) Signature of funeral director Paul Miller
(b) Address Princeton, Mo
19. (a) 6/2-1940 (b) J. M. Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mercer
(c) City or town Princeton, R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) If foreign born, how long in U. S. A.? Native. years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 2
year 1940 hour 11:15 minute 2 M.
21. I hereby certify that I attended the deceased from March 5
1940, to June 2, 1940
er June 2, 1940
that I last saw her alive on _____, 19____

and that death occurred on the date and hour stated above.
Immediate cause of death Exacerbation of a Duration
rheumatic endocarditis. 3 mos
This attack of acute rheumatic
Due to fever produced a deep muscular
dilatation; involvement of all
Due to valves; also pericarditis (dry)
Died from decompensation. 1 week
Other conditions Cloudy swelling kidneys.
(Include pregnancy within 3 months of death)

Major findings: 56W PHYSICIAN _____
Of operations _____
Of autopsy None made.
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) None
(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.S. Bristow A.S. Bristow (M. D. or other) 5/27/40
Address Bristow Bldg. Princeton Date signed _____

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.

RECEIVED

District Health Officer No. 111

District File Number

Date Filed

740-990
JUL 2 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2634

P. O. Address. Jamaica N.Y.

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.