

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

**22964**  
Do not use this space.

**FILED JUL 15 1940**

**1. PLACE OF DEATH**  
 (a) County Scott Registration District No. 819  
 (b) Township Mooley Primary Registration District No. 6668 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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.

**2. PRINT FULL NAME** 430 Maym Eugene Pelt  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** fun **4. COLOR OR RACE** col **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) \_\_\_\_\_

**6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Feb 29 1940

**7. AGE** YEARS \_\_\_\_\_ MONTHS 3 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**OCCUPATION**  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 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** \_\_\_\_\_

**FATHER**  
**12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)** Elmer Pelt Mooley Mo  
**13. NAME** Elmer Pelt  
**14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)** Baldern Miss

**MOTHER**  
**15. MAIDEN NAME** Anna Belle Torouel  
**16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)** Miss

**17. INFORMANT (ADDRESS)** Elmer Pelt Mooley Mo

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE McMullen Mo DATE 6/11 1940

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** W. J. Heininger and Co. 2000 Broadway Mo

**20. FILED** June 12 1940 W. J. Heininger Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 6/11 1940

**22. I HEREBY CERTIFY**, That I attended deceased from 6/4 1940 to 6/11 1940  
 I last saw him alive on 6/4 1940. Death is said to have occurred on the date stated above, at 430 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Whooping Cough Date of onset May 1940  
9

Other contributory causes of importance: \_\_\_\_\_

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?** Yes  
 If so, specify \_\_\_\_\_  
 (Signed) W. J. Heininger, M. D.  
 (Address) 807 \_\_\_\_\_

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.

THIS IS A PERMANENT RECORD

Accepted Embalmer's Statement on Reverse Side  
Mrs. J. Dearyhart

RECEIVED

District Health Officer No. 2,

District File Number

740-1198

Date Filed

7/5/40

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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.**