

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32873

Registration District No. 683

Primary Registration District No. 6911

Registrar's No. 9

1. PLACE OF DEATH:

- (a) County Pike
(b) City or town Ashley Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community Life is 6 mo. 8 da.
years, months or days)

3. (a) PRINT FULL NAME Abbie Addison3. (b) If veteran, No name war. 3. (c) Social Security No. No

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife D.K. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 17 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 8 If less than one day
hr. min.9. Birthplace Ashley Mo
(City, town, or county) (State or foreign country)10. Usual occupation at Home

11. Industry or business

12. Name John Moore
13. Birthplace Ashley Mo
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Moore
15. Birthplace Ashley Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hattie Crow(b) Address Ashley Mo.17. (a) Burial (b) Date thereof Sept-27-40
(Burial, cremation, or other) (Month) (Day) (Year)(c) Place: burial or cremation Ashley Cemetery18. (a) Signature of funeral director W. B. E. Emsw(b) Address Bowling Green19. (a) Sept 30-40 Mrs Lysa Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pike
(c) City or town Ashley
(If outside city or town limits, write "RURAL.")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25th
year 1940 hour 1 minute 30 A. M.21. I hereby certify that I attended the deceased from Sept 21
1940, to 9-25, 1940
that I last saw her alive on 9-21, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Ch. Interstitial
nephritis DurationDue to 21

Due to

Other conditions X
(Include pregnancy within 3 months of death)Major findings:
Of operations XOf autopsy X

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) X X
(b) Date of occurrence X X
(c) Where did injury occur? X X
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
837 X X
While at work? X (Specify type of place) (e) Means of injury X

23. Signature W. H. Emsw (or other)
Address Bowling Green, Mo Date signed 9-26-40

RECEIVED

District Health Officer No. 10

District File Number 10-40-1851

Date Filed OCT 8 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.....

H. B. E. Moore

Licensed Embalmer No. 3466

P. O. Address Boring Green

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.