

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

REC'D DEC 10 1940

Registration District No. 213 Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 14 days, 1st Marys Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
In this community all of life (Specify whether years, months or days) /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. 1
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mildred Bell Moad

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Henry Moad 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased: Sept 29 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>1</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Jefferson City, Cole Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charley Thompson

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

14. Maiden name Bell Lindsey

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

16. (a) Informant John Henry Moad

(b) Address Jefferson City, R.F.D. #1 Mo.

17. (a) Burial (b) Date thereof 11-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elston Cemetery.

18. (a) Signature of funeral director Burachy Linnell

(b) Address Jefferson City, Mo.

19. (a) 11-5-40 (b) Quincy J. Moad
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1940 hour 0 minute 0 M.

21. I hereby certify that I attended the deceased from 9-1-1940 to Nov 3, 1940
that I last saw him alive on Nov 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis, general following pelvis operation

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Prolonged uterus, bladder & rectum

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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? III

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

23. Signature Quincy J. Moad (M. D. or other) /
Address Jefferson City, Mo. Date signed 11/5/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Victor Beresche

Licensed Embalmer No.

3701

P.O. Address.....

J.C. Mo.

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, fact should be so stated above.