

JAN 13 1941 89

Registration District No. 89

Primary Registration District No. 5131

State File No. _____

Registrar's No. 394

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural in Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years _____

8. (a) PRINT FULL NAME Clyde Edward Moyes

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race W 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 July 7 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Route #3 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name John Moyes

18. Birthplace Poplar Bluff Rt #3 Mo
(City, town, or county) (State or foreign country)

14. Maiden name Edna Wright

16. Birthplace P.B. Rt #3 Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Moyes

(b) Address Rt #3 Poplar Bluff Mo

17. (a) Burial (b) Date thereof 11/7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nantawney Cem

18. (a) Signature of funeral director Wes - Cray

(b) Address Poplar Bluff Mo

19. (a) 1/7/41 (b) W Kate Lutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1940 hour 10 minute 45 P.

21. I hereby certify that I attended the deceased from 11-5, 1940 to 11-6, 1940
that I last saw her alive on 11-5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia lwb

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

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

23. Signature W. H. Blaylock MD (M. D. or other) _____

Address Poplar Bluff Mo Date signed 11/18/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.