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S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42528
State File No. 1000
Registrar's No. _____

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution:
1035 Cherry Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 7 1/2 years.

8. (a) PRINT FULL NAME Ella Super

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward Super 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased April 24, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Greene County MO. (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business House work

MOTHER FATHER { 12. Name Samuel B Moore
13. Birthplace Unknown Tenn
14. Maiden name Ella Ann Payne
15. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Brown M. [unclear]
(b) Address Brighton MO.

17. (a) Burial (b) Date thereof Dec 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wesleywood Cemetery

18. (a) Signature of funeral director William B. Smith
(b) Address Pleasant Hope MO.

19. (a) 12-15-40 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield (Rural) 6 mi. S.W.
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1940 hour 1:15 minute 9 M.

21. I hereby certify that I attended the deceased from Dec 10 1940 to Dec 12 1940
that I last saw her alive on 15th Dec 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 4 days

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

Major findings: Of operations None
Of autopsy aw

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
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?
at home
(Specify type of place)
While at work? _____ (e) Means of injury _____

Signature Walter Moore (M. D. or other)
Address Springfield MO Date signed 12-13/40

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

9
3
1
0

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 Richard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

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.

7