

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43296**

JAN 21 1941
Registration District No. **65**

Primary Registration District No. **4359**

Registrar's No. _____

1. PLACE OF DEATH: **NEW MADRID**
 (a) County **Marston - Rural**
 (b) City or town **Marston - Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Corning**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 days** (Specify whether)
 In this community **7 days** years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **New Madrid**
 (c) City or town **Marston** (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Joy Nelle Moorman**
 3. (b) If veteran, name war 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec** day **22**
 year **1940** hour **4** minute **00** P.M.
 21. I hereby certify that I attended the deceased from **Dec 15/40**
 _____ 19 _____ to **Dec 22** 19 **40**
 that I last saw him alive on **Dec 15/40** 19 _____
 and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased **December 15 1940**
 (Month) (Day) (Year)

Immediate cause of death **Premature birth**

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

Due to _____
 Due to _____
 Other conditions **154**
 (Include pregnancy within 3 months of death)

9. Birthplace **Marston Mo.**
 (City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name **George Moorman**
 13. Birthplace **Missouri** (City, town, or county) (State or foreign country)
 14. Maiden name **Francis Lawrence**
 15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Jeter Lawrence Morgan**
 (b) Address **Marston Mo.**
 17. (a) **Burial** (b) Date thereof **Dec 23-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

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

18. (a) Signature of funeral director **Watkins J. Moorman**
 (b) Address **Parma Mo.**
 19. (a) **12-23-40** (b) **Dr. Sewall**
 (Date received local registrar) (Registrar's signature)

23. Signature **Sewall** (M. D. or other) _____
 Address **Parma Mo.** Date signed **12/23/40**

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

RECEIVED

District Health Officer No. 2

District File Number 141-17

Date Filed 7/9/44

Send to local Registrar

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, fact should be so stated above.