

Registration District No. 581

Primary Registration District No. 5778

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Monroe City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Monroe City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: 1 hospital or institution (Specify whether)
In this community About 7.5 years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Monroe City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street Monroe City, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Augustus Eucubus Moyers

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

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 26, 1852
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

12. Name Abraham Moyers 1

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

14. Maiden name Jane Little

15. Birthplace Ralls Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. Moyers
(b) Address Monroe City, Mo.

17. (a) Burial (b) Date thereof Jan 11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brush Creek, Ralls Co.

18. (a) Signature of funeral director Wells on & Son
(b) Address Monroe City, Mo.

19. (a) Jan 10, 1941 (b) J. D. Dephina
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 9
year 1941 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from
JAN 5, 1941 to JAN 9, 1941
that I last saw him alive on JAN 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 5 da.

Due to Chronic Interstitial Nephritis.

Due to Influenza 11 da.

Other conditions Influenza
(Include pregnancy within 3 months of death)
Major findings: Of operations 12/17
Of autopsy

PHYSICIAN
Underlies 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) _____
(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?
513 While at work? (Specify type of place) (e) Means of injury 2

23. Signature Harold J. Ellis (M. D. or other) MD
Address Monroe City Date signed 1-9-41

RECEIVED

District Health Officer No: 10

District File Number 2-41-236

Date Filed FEB 8 1941

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

Lessie L. Wilson

Licensed Embalmer No. 3074

P. O. Address

Monroe City 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, above space should be left blank.