

REC FEB 17 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

3516  
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 391  
(b) Township Cadie Primary Registration District No. 5789 Registered No. 2  
(c) City \_\_\_\_\_ or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds. 70

2. PRINT FULL NAME

(a) Residence, No. Maddeloin Mo St. \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>B. B. Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21 1877</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>7</u>	DAYS <u>22</u>
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Middletown Mo</u>		
13. NAME <u>John Smith</u>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>May Elizabeth Cebb</u>		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Charles J. Ray</u> (ADDRESS) <u>Slater Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maddeloin Mo</u> DATE <u>1-14-41</u>		
19. FUNERAL DIRECTOR (NAME), (ADDRESS) <u>Pinchot &amp; Kuhre</u> <u>Maddeloin Mo</u>		
20. FILED <u>Jan-14-1941</u> <u>Leah Pigg</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13<sup>th</sup> 1941

22. I HEREBY CERTIFY That I attended deceased from Jan 9<sup>th</sup> 1941 to Jan 13<sup>th</sup> 1941  
I last saw her alive on Jan 3<sup>rd</sup> 1941. Death is said to have occurred on the date stated above, at 3:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Diabetes Mellitus  
Chronic Parenchymatous Nephritis  
Acute Broncho Pneumonia  
Date of onset Jan 9<sup>th</sup> 41

Other contributory causes of importance:  
Acute Broncho Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Urinary Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) A. L. Smith M. D.  
(Address) \_\_\_\_\_

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 9-19-38  
I X16903

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**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.**