

Registration District No. 203

Primary Registration District No. 4122

Registrar's No. 4

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME MABLE MOOG

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife John Moog 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 10 1895
 (Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Platte County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Teaney
 13. Birthplace Platte Co Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Emma Perkins
 15. Birthplace Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Moog

(b) Address Trumble 270. Mo

17. (a) Removal (b) Date thereof Feb 4 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arley Clay Co Mo

18. (a) Signature of funeral director C. W. Hessel

(b) Address Kearney Mo.

19. (a) Feb. 18-41 (b) Paul L. Ray
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
 (c) City or town Kearney, Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Eight miles N.W. of Kearney
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
 year 41 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from May 10, 1940 to Feb 4, 1941; that I last saw her alive on Feb 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death acute appendicitis
hypertensive heart disease

Due to Chronic Nephritis

Due to hypertension

Other conditions (Include pregnancy within 3 months of death) 12/11

Major findings: Gangrenous Appendix
Typhoid
 Of autopsy No

PHYSICIAN
 Underline 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 6
 (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 C. W. Hessel (M. D. or other) _____
 Address Smithville Date signed 2-4-41

WRITE PLAINLY IN INK ON EITHER SIDE OF THIS CARD. N. 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.

RECEIVED
District Health Officer No. 8,
District File Number 3-7-41
Date Filed

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 CW Hessel
Licensed Embalmer No. 3471
P. O. Address Kearney 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.