

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1119 Church Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)
 In this community **64 years.**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Buchanan**
 (c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1119 Church St.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Mary Elizabeth Moyles**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **16th**
 year **1941.** hour **6** minute **10 P** M.

4. Sex **Female** / 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **Single**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from **4/16**
 _____, 19**41**, to **4/16**, 19**41**;
 that I last saw **her** alive on **4/16**, 19**41**;
 and that death occurred on the date and hour stated above.

7. Birth date of deceased **August 15,** **1876**
(Month) (Day) (Year)

8. AGE: Years **64** Months **8** Days **1** If less than one day _____ hr. _____ min.

Immediate cause of death
Cerebral hemorrhage 4 hrs.

9. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

Due to **Hypertension & Atherosclerosis**
 Due to _____

10. Usual occupation **At Home**

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

MOTHER FATHER
 11. Industry or business _____
 12. Name **John Moyles**
 13. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)
 14. Maiden name **Martha Lavelle**
 15. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations **None**
 Of autopsy **None**

16. (a) Informant **Joseph W. Moyles**
 (b) Address **1119 Church St. St. Joseph, Mo.**
 17. (a) **Burial** (b) Date thereof **Apr. 18, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Mt. Olivet Cemetery**
 18. (a) Signature of funeral director **Herwan W. Siderfaden**
 (b) Address **1802 Union Str. St. Joseph, Mo.**
 19. (a) **APR 18 1941** (b) **H. Wittelbach**
(Date printed local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature **M. H. Galt** (M. D. or other) **1941**
 Address **Corby Bldg. St. Joseph, Mo.** Date signed **4/17/41**

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

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.....

Albert R. Harrington

Licensed Embalmer No.....

72518

P. O. Address.....

St. Joseph, 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, fact should be so stated above.