DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10345

APR 9 1941

Registration District No. 163 — Primary Registration District No. 5228 — Registrar's No. 14

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

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Rural – Box [illegible] (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Ark. (b) County 997 01 0
(c) City or town Alpena pars (If outside city or town limits, write "RURAL")
(d) Street No. 2 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME NANCY SMITHA MOORE
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Moore
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug (Month) 8 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
73 ~~74~~	7	—	hr. ..... min.

9. Birthplace Carrolton (City, town, or county) Ark. 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Sebron G. Smeed
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Delina Morris
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)
16. (a) Informant Mrs J E Dork
(b) Address Lasanimas Ark.
17. (a) Osage Ark. (Burial, cremation, or removal) (b) Date thereof Mar. 11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Osage Ark.
18. (a) Signature of funeral director Carolyn Nafus
(b) Address 206 S. Main El Dorado Spy. Mo
19. (a) Mar 9-41 (Date received local registrar) (b) J W Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8, year 1941 hour 8, minute P. M.
21. I hereby certify that I attended the deceased from March 6, 1941, to March 8, 1941; that I last saw her alive on March 8, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	1 week
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 —
(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? 154 (Specify type of place)
While at work? — (e) Means of injury —
23. Signature J. R. Williams (M. D. or other)
Address El Dorado Springs Date signed 3-9-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-41-593
Date Filed 4-7-41

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 Carolyn Nafus

Licensed Embalmer No. 2635

P. O. Address El Dorado Springs Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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-41
-39
K26390

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

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STANDARD CERTIFICATE OF DEATH

State File No. 10345

Registration District No. 163 | Primary Registration District No. 5228 | Registrar's No. 14

1. PLACE OF DEATH:

(a) County: Cedar

(b) ~~City or town~~: Box T. P.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County: 1'

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Nancy Smitha Moore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Aug (Month) 8 (Day) 1867 (Year)

8. AGE: Years 73 74 | Months 7 | Days — | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Mar 9 1941 (Date received by local registrar) (b) J. W. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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
(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 J. R. Williams (M. D. or other)
Address Date signed

SUPPLEMENTARY

(Licensed Embalmer's Statement on Reverse Side)

S-10345 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.