

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
McCune Brooks Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community 41 years  
years, months or days)

8. (a) PRINT FULL NAME George Orville Moyer

8. (b) If veteran, name war None  
8. (c) Social Security No. 489-16-2480

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ilona Moyer  
6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased Dec. 22nd. 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 3 8 hr. min.

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

10. Usual occupation Laborer

11. Industry or business In Grain Elevator

MOTHER FATHER  
12. Name David O. Moyer  
13. Birthplace Newton Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Linnie Hilton  
15. Birthplace Jasper Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G.O. Moyer  
(b) Address Jasper, Mo.

17. (a) Burial (b) Date thereof April 1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Waskin Cem

18. (a) Signature of funeral director Phas J. Tetter  
(b) Address Jasper, Mo.

19. (a) McK 31, 1941 (b) E. J. McEntire, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Jasper, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 mi. North West Of Jasper.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
year 1941 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from  
Jan. 3, 1941, to Mar. 30, 1941;  
that I last saw him alive on March 29, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis due to pneumococcus Duration 7 days

Due to Empyema due to pneumococcus 5 weeks

Due to Influenza followed by small area of pneumonia 3 mo. before death

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 7/8  
Of autopsy 0  
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?  
865  
While at work? (Specify type of place) (e) Means of injury

23. Signature Charles L. Sebell, J. (M. D. or other) M.D.  
Address Jasper, Mo. Date signed 3/31/41

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

9  
1  
3

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 \_\_\_\_\_

Howard Simpson, Registered Apprentice No. 285  
working under my personal supervision.

Signed Chas. J. Tester

Licensed Embalmer No. 2566

P. O. Address Jasper, 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.