

Registration District No. 810

Primary Registration District No. 448T

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Scottland

(b) City or town Memphis

(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)

In this community all her life years, months or days

3. (a) PRINT FULL NAME Emma M. Moffett

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race sm

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

6. (b) Name of husband or wife John D. Moffett 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan 31 - 1876

(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Nurse

11. Industry or business \_\_\_\_\_

12. Name David J. Smith

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

14. Maiden name Margaretta Anderson

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

16. (a) Informant John D. Moffett

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof Mar 22 '41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation buried cemetery

18. (a) Signature of funeral director J. B. Hopper

(b) Address Blair Creek Inc

19. (a) March 31 - 41 (b) E. E. Farnish

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scottland

(c) City or town Memphis

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

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

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1941 hour 7 A.M. minute 10 M.

21. I hereby certify that I attended the deceased from Feb - 29 1940 to Mar - 21 1941;

that I last saw her alive on March - 14 1941 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to \_\_\_\_\_

Due to 13-16

Other conditions Chl. Nephritis & uremia

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 725

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 7

23. Signature A. M. Browning (M. D. or other) D. O.

Address Memphis, Mo. Date signed 3-21-41

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-41-1049

Date Filed MAY 28 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 with the above constitutes grounds for revocation of license.)**

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