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-39  
23159

Registration District No. 2 Primary Registration District No. 204 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Jackson  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 15 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Rural Jackson Township  
(If outside city or town limits, write "RURAL.")

(d) Street No. 4 mi north of road way  
(If rural, give location) 0 mi

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

3. (a) PRINT FULL NAME Samuel Martin Moffitt

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27  
year 1941 hour 3 minute \_\_\_\_\_ P. M.

21. I hereby certify that I viewed the body  
assumed the deceased from \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 3 1 1926  
(Month) (Day) (Year)

that I last saw alive on 5/27  
and that death occurred on the date and hour stated above.

Immediate cause of death Poisoning by  
strychnine sulfate

Duration \_\_\_\_\_

8. AGE: Years 15 Months 2 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

Due to 1102

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

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

10. Usual occupation at home

Major findings: Of operations \_\_\_\_\_

Of autopsy strychnine found in stomach

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name Leroy Moffitt

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

14. Maiden name Moussin Miller

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence May 27 1941

(c) Where did injury occur? Home Andrew Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Leroy Moffitt

(b) Address road way Mrs O

17. (a) B. Removal (Date thereof May 29-41)  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Methodist near Pattersonburg Home

18. (a) Signature of funeral director E. B. Breet

(b) Address Savannah mo

19. (a) May 29-41 (Date received local registrar) (b) Mrs. Liddie B. Barnes (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Clifford L. Stedley (M. D. or other) DO

Address Savannah mo Date signed 5/28/41

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 *E. C. Breit*.....

Licensed Embalmer No. *2650*.....

P. O. Address *Savannah*.....

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

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