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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27997

SEP 15 1941

SEP 15 1941

Registration District No. [illegible] Primary Registration District No. 5228 Registrar's No. 41

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: RURAL — Box Twp
(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: Missouri (b) County: Cedar
(c) City or town: RURAL
(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: LOUISA A MOULTER

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: Wm R Moulter

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

7. Birth date of deceased: July (Month) 16 (Day) 1859 (Year)

8. AGE: Years 82 Months 0 Days 13 If less than one day ——— hr. ——— min.

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

10. Usual occupation: housewife

11. Industry or business:

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

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

16. (a) Informant: Mrs P. B. Cappel
(b) Address: St Louis, Mo. Box 1212

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July (Month) 30 (Day) 1941 (Year)
(c) Place: burial or cremation: Sandridge Cem

18. (a) Signature of funeral director: Gurnin-Sidors
(b) Address: El Dorado Springs, Mo

19. (a) 7-30-41 (Date received by local registrar) (b) J. H. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1941 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 3-22, 1941, to 7-10, 1941; that I last saw her alive on 7-10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of left kidney	yrs
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: Wm B. Richter (M. D. or other) MD
Address: Stockton, Mo Date signed 7-30-41

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 7,
District File Number 9-41-1657
Date Filed 9-11-41

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 M B Swinne

Licensed Embalmer No. 2034

P. O. Address El Dorado Springs Mo

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

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