

17-39
X23159

Registration District No. _____

Primary Registration District No. 5021

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution Jones-Chambers Hospital
(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 19 yrs.

3. (a) PRINT FULL NAME Miss Ferrel Moffett

3. (b) If veteran, name war 1

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Floyd Moffett

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov 29 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>9</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Edward White

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

14. Maiden name Mary Kelly

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

16. (a) Informant Floyd Moffett

(b) Address Webb City, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept 16, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Carterville, Mo.

18. (a) Signature of funeral director Webb City, Mo.

(b) Address Webb City, Mo.

19. (a) SEPT. 15, 1941 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 32 1/2 S Main
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1941 hour 12 30 minute 0 M.

21. I hereby certify that I attended the deceased from _____
SEPT. 12, 1941, to SEPT. 15, 1941,
that I last saw h_____ alive on SEPT. 14, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure due to Toxic Myocarditis - acute

Due to Pelvic peritonitis and intestinal obstruction - partial

Due to Pericardial Tachycardia

Other conditions _____
(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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 115 N. Madison Date signed 9-15-41

Duration _____

72 hr.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

A. H. Miles

Licensed Embalmer No.....

P. O. Address.....

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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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31758

Registration District No. 417

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City
(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

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(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 Mrs. J. Moffett

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 m

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

7. Birth date of deceased Nov 29 1903
(Month) (Day) (Year)

8. AGE: Years 38 Months 9 Days 14 (If less than one day) min.

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

10. Usual occupation.....

11. Industry of business.....

MOTHER FATHER { 12. Name.....

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....

that I last saw him..... alive on..... 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure due to toxic myocarditis - acute

Duration.....

Due to pelvic peritonitis and intestinal obstruction - partial

Due to paroxysmal - tachycardia

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 129

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... (M. D. or other).....
Address..... Date signed.....

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

SUPPLEMENTARY

S-31758 1941