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—11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35672

Registration District No. 639

Primary Registration District No. 5-8-4-8-4383 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Osage. Benton Township

(b) City or town Chamois (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 30. Yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Chamois 0 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1941 hour 9. A.M. minute M.

21. I hereby certify that I attended the deceased from 5-22-37, 19, to 9-26, 1941, that I last saw her alive on Sept 26, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
P. Sprue Myocarditis	
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.

3. (a) PRINT FULL NAME Allice Moad

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

4. Sex Femail 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George E. Moad 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May (Month) 15 (Day) 1869 (Year)

8. AGE: Years 72 Months 4 Days 13 If less than one day 9 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name Pierce Frnces

13. Birthplace Cole County. Mo. Rural (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Milichia Johnson

15. Birthplace Cole County, Mo. Rural (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ern Sown

(b) Address Marion Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep. 30. 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Elston Mo.

18. (a) Signature of funeral director Otto T. Stockwick

(b) Address Chamois Mo.

19. (a) Sept 28 1941 (Date received local registrar) (b) Esther Souder (Registrar's signature)

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 W. O. McFarlaly (M. D. or other) O

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 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, ~~and~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Otto T. Stocksick

Licensed Embalmer No. 1902

P. O. Address Chamois, M

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, above space should be left blank.