

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41426**  
Registrar's No. **1228**

JAN 13 1942 @ 85

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Buchanan,**  
(b) City or town **Saint Joseph,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2918 Seneca Street,**  
(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) **2 years,**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Buchanan //**  
(c) City or town **Saint Joseph,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2918 Seneca Street,**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Minnie Luella Moon,**

3. (b) If veteran, name war **None,** 3. (c) Social Security No. **None,**

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

6. (b) Name of husband or wife **Samuel E. Moon,** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **July 9th, 1865**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>5</b>	<b>18</b>	hr. min.

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

10. Usual occupation **At Home,**

11. Industry or business.....

12. Name **Silas Parsons,**

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

14. Maiden name **Laura McCoy,**

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

16. (a) Informant **Mrs. J. C. Bratcher**  
(b) Address **2918 Seneca Street,**

17. (a) **Burial** (Burial, cremation or removal) (b) Date thereof **12/29/41**  
(Month) (Day) (Year)

**White Oak Cemetery, near Pickering, Mo.**  
(c) Place: burial or cremation

18. (a) Signature of informant **J. C. Bratcher**  
(b) Address **319 So. 10th Street, St. Louis**

19. (a) **Dec 29, 1941** (Date received local registrar) (b) **J. C. Bratcher** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **27th.**  
year **1941** hour **(9:00)** minute **a. m.**

21. I hereby certify that I attended the deceased from **Oct 6** 19**41**, to **Dec 27** 19**41**;  
that I last saw him **alive on Dec 26** 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Arteriosclerosis general** Duration **?**  
**Pemicious anemia** **?**

Due to **Hemiplegia - left** 19**36**  
**Hemiplegia - right** 12-21-41

Other conditions (Include pregnancy within 3 months of death)

Major findings: **J3d**  
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) (c) Means of injury.....

23. Signature **J. C. Bratcher, M.D.** (M. D. or other)  
Address **St. Joseph, Mo.** Date signed **12-28-41**

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

MOTHER FATHER

85

**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... *Frank A. Bowman*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph 29*

**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.**