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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42238

JAN 7 1942

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 117

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Webb City  
(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.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Webb City  
(d) Street No. 1028 W. Wilson  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

(a) PRINT FULL NAME Spina Laura Moffett  
3. (b) If veteran, name war  
3. (c) Social Security No.

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

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

7. Birth date of deceased Aug 13 1874 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 9 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name John S. Davies  
13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Ann C. Payne  
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Richardson  
(b) Address Webb City, Mo

17. (a) Burial (b) Date thereof Dec 23 1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Carterville, Mo

18. (a) Signature of funeral director Webb City Undert Co  
(b) Address Webb City, Mo

19. (a) DEC. 23 41 (b) J. G. Hutchins (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 nd year 1941 hour 5:15 minute 41 M.

21. I hereby certify that I attended the deceased from October 1941, to December 1941 that I last saw h. e. s. alive on 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Coronary Occlusion

Due to  
Due to

Other conditions Arteriosclerosis (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) Means of injury  
Signature W. M. Emerchauer (M. D.)  
Address 115 N. Madison Date signed 12-22-41

Duration 10-7-41  
10-2-41  
years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

377 (Licensed Embalmer's Statement on Reverse Side) Webb City, Mo

42-1-1077

**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 Myself  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Blayton M. Johnston  
Licensed Embalmer No. 3,922  
P. O. Address Webb City, Mo.

**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.**