

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7298

Registrar's No. 15

Registration District No. 326

Primary Registration District No. 3030

1. PLACE OF DEATH:

(a) County MISSISSIPPI  
(b) City or town CHARLESTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
407 WEST MARSHALL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community 18 YEARS  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI 67  
(c) City or town CHARLESTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 407 WEST MARSHALL  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME MARY MOORE

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

4. SEX FEMALE 5. Color or race COLOR 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife WILL MOORE 6. (c) Age of husband or wife if alive DEC'D years  
7. Birth date of deceased JUNE 19, 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	8	22	hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

MOTHER FATHER { 12. Name JACK ROBERTSON  
13. Birthplace LOUISIANA  
(City, town, or county) (State or foreign country)  
14. Maiden name LILLIE ROBERTSON  
15. Birthplace VIRGINIA  
(City, town, or county) (State or foreign country)

16. (a) Informant ROSE ADKINS  
(b) Address RIVERTON, LOUISIANA

17. (a) BURIAL (b) Date thereof 2-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON Mo

18. (a) Signature of funeral director John F. Nunnelle Jr  
(b) Address Charleston, Mo

19. (a) 2-14-42 (b) F. S. Vernon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 11 TH  
year 1942 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from 1-28-42 to 2-4-42  
that I last saw her alive on 2-4-42  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease 8 mos.

Due to: Chronic Nephritis 10 mos.

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

Major findings: Of operations 1316  
Of autopsy

Duration

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) Means of injury

23. Signature W. A. Jungal (M. D. or other)  
Address 204 S. Locust St. Charleston, Mo Date signed 2-12-42

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

RECEIVED

District Health Office No. 2,

District File Number 342/324

Date Filed 3/9/42

**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.....

*John F. Nimmelle Jr*

Licensed Embalmer No. 3851

P. O. Address Charleston, W

**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.**