

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 6

BUREAU OF THE CENSUS
FILED APR 15 1942

Registration District No. 897

Primary Registration District No. 4530

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Schell city, Mo.
(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 2 years
years, months or days

3. (a) PRINT FULL NAME SIDNEY MOATS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Feb 8 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>13</u>	hr. min.

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

10. Usual occupation farming

11. Industry or business _____

12. Name Tobias Moats

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

14. Maiden name Lusinda Garrison

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

16. (a) Informant N. C. Moats

(b) Address Schell city, Mo.

17. (a) Burial (b) Date thereof Mar. 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grafton, Neb.

18. (a) Signature of funeral director Lute Lewis

(b) Address Schell city, Mo.

19. (a) 3-21-1942 (b) Butler Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 5th Town
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1942 hour 12 minute 150 M.

21. I hereby certify that I attended the deceased from March 13
1942 to March 21, 1942
that I last saw him alive on March 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute yellow atrophy of liver

Due to unknown 10 days

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: no

Of operations no

Of autopsy no

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) no

(b) Date of occurrence _____

(c) Where did injury occur? no
(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 no

23. Signature J. R. Culver (M. D. or other) _____
Address Schell City Mo. Date signed 3-21-42

RECEIVED

District Health Officer No. 7,

District File Number 4-42-416

Date Filed 4-14-42

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.....

Marion M. Lewis

Licensed Embalmer No.....

3084

P. O. Address.....

Schell 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.