

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18477

State File No. _____

FILED JUN 13 1942

Registration District No. _____

Primary Registration District No. 3029

Registrar's No. 130

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

4
3
4

1. PLACE OF DEATH:

(a) County: Marion

(b) City or town: Hannibal City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Leveering Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME: Julius L. Moxley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: Male 5. Color or race: W

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: Mary

6. (c) Age of husband or wife if alive: 26 years

7. Birth date of deceased: AUG. 16. 1915
(Month) (Day) (Year)

8. AGE: Years: 26 Months: 7 Days: 28

If less than one day _____ hr. _____ min.

9. Birthplace: Keota Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: laborer

11. Industry or business _____

MOTHER FATHER

12. Name: Edward J. Moxley

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

14. Maiden name: Bessie Yestel

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

16. (a) Informant: Orville Drake

(b) Address: Hannibal Mo

17. (a) Burial (b) Date thereof: 4/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Grandview Burial Park

18. (a) Signature of funeral director: James O'Donnell

(b) Address: Hannibal Mo

19. (a) 5-13-42 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Marion

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

(d) Street No.: 316 1/2 N Main
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 23 year: 1942 hour: _____ minute: 12:20 P. M.

21. I hereby certify that I attended the deceased from April 20, 1942 to April 23, 1942 that I last saw him alive on April 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis Secondary

Due to: Munshot wound abdomen

Due to: _____

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

Major findings: Perforation thru stomach

Of operations: _____

Of autopsy: none made

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): suicide

(b) Date of occurrence: (Self-inflicted according to patient)

(c) Where did injury occur?: Hannibal, Marion, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? his home, 316-A N. Main St.
(Specify type of place) (e) Means of injury _____

While at work? _____

23. Signature: B. J. Murphy (M. D. or other) MD

Address: Hannibal Mo Date signed: 5-4-42

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.....

Michael J. Jones

Licensed Embalmer No.

3246

P. O. Address.....

Hannibal 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.