DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22085

Registration District No. 732 Primary Registration District No. 4437 Registrar's No. 41

1. PLACE OF DEATH:
(a) County RANDOLPH
(b) City or town HIGBEE
(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
In this community 30 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County RANDOLPH
(c) City or town HIGBEE
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MRS ANNA HILDEN MOORE
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 GIBSON S. MOORE
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased OCTOBER (Month) 26 (Day) 1883 (Year)

8. AGE: Years 58 Months 7 Days 10 If less than one day hr. min.

9. Birthplace BILLINGSVILLE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME
FATHER
12. Name EVERETT HILDEN
13. Birthplace (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name LENA ESSER
15. Birthplace (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant's own signature MARJORIE MOORE
(b) Address HIGBEE, MISSOURI
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JUNE 5, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation BOONVILLE, MISSOURI
18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.
19. (a) 6-14-42 (Date received local registrar) (b) Mrs P. O'Dreyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1942 hour 12 minute noon M.
21. I hereby certify that I attended the deceased from March 31, 1942, to June 5, 1942; that I last saw her alive on June 5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic carcinoma of brain	4 years
Due to Carcinoma of breast, right (Removed 4 yrs. ago.)	4 yrs
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) MD
Address Boonville Mo Date signed 6/5/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 10
District File Number 7-42-1348
Date Filed JUL 6 1942

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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, above space should be left blank.