

FILED AUG 17 1942

Registration District No. 632

Primary Registration District No. 2834

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mary A. Mooney
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 Married
6. (b) Name of husband or wife William A. Mooney 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 9 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 29 hr. min.

9. Birthplace Howell County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business Home

12. Name Zachary Taylor Langston

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

14. Maiden name Clara Crisp

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

16. (a) Informant Wm. A. Mooney

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 10/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director As Car

(b) Address Thayer, Mo.

19. (a) NOV. 18, 1941 (b) Eola B. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Aggressive Aortic
Disease
Due to _____
Due to _____

Duration

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

Major findings: Of operations _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address _____ Date signed 11.10.41

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RECEIVED

District Health Officer No. 5.

District File Number. 2423-31

Date Filed 8-11-42

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.....

Licensed Embalmer No. 2852

P. O. Address Shaw, 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.