

FILED DEC 11 1942

Registration District No. 63Primary Registration District No. 5241

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town Fair Play
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mission / J.
 (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 Rebecca E. Moore3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex female 5. Color or race White 6. (a) Single, widowed, married,
2 divorced widowed8. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Feb. 22 1858
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
84 7 26 _____ hr. _____ min.9. Birthplace Cedar County Mo. 0
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Paul Strange
 13. Birthplace Ky. 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Mitchell
 15. Birthplace Tenn. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillie Akins(b) Address Fair Play, Mo.17. (a) Burial (b) Date thereof 10-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lindley Prairie18. (a) Signature of funeral director Barker & Sons(b) Address Fair Play, Mo.19. (a) Nov 30, 42 (b) J. Lloyd Sparks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 20
0
 (c) City or town Fair Play 0
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1942 hour 6 A M minute _____ M.21. I hereby certify that I attended the deceased from Mon 11
er 1942 to Oct 18 1942
Oct 17 1942
that I last saw him alive on _____ 19_____
and that death occurred on the date and hour stated above.Immediate cause of death Hemiplegia (Left) Duration 8 M.Due to Arterio sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations NoneOf autopsy None

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) Manner of injury _____23. Signature Chas H. Jones (M. D. or other) _____Address Fair Play Mo Date signed 10-26

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1268

Date Filed 12-4-42

FEB 9 1943

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 William B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bellevue, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 167 b 3

Primary Registration District No. 5298 15241

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Fair Play Rural Madison
(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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar
(c) City or town Fair Play
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Rebecca E Moore

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Feb 23 1895
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 14 (If less than one day) min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) Nov. 30, 1942 (b) Richard Jacobs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19.....
that I have a w h..... live on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

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?
.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

S-36869