V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN -5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39114

State File No.

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 10893

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 922 (If outside city or town limits, write "RURAL")

(d) Street No. 1117 Dolman St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME VIRDA LOU MOORE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Joe

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Dec. (Month) 10 (Day) 1907 (Year)

8. AGE: Years 35 Months 0 Days 17 If less than one day hr. min.

9. Birthplace West Plains, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Jordan Mayberry
13. Birthplace West Plains, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Anna Byrd
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Joe Moore

(b) Address 1117 Dolman St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) DEC 28 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th year 1942 hour 10 minute 20 a M.

21. I hereby certify that I attended the deceased from 9/11/42, 19__, to 12-27, 1942 that I last saw her alive on 12-26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum with metastases into liver — Duration 1 year

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 R. C. Sinclair (M. D. or other) MD

Address 3718 Jennings Rd. Date signed 12/28/42

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.