

S. No. 2
M-5-42
7. 5-17-39
X32873

41442

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILTD DEC 15 1942

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 130

1. PLACE OF DEATH:

(a) County **Newton**

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

(c) Name of hospital or institution:
Sale-Bowman Hospital
(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 **Arkansas** (b) County **Benton**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **R.F.D. Gravette Arkansas**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **2**

3. (a) PRINT FULL NAME **Cassie Moeller**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **18**
year **1942** hour **3:15** minute **4** M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw her **Deed November 18**, 19**42**;
and that death occurred on the date and hour stated above.

4. Sex **Female** / Color or race **White** / 6. (a) Single, widowed, married, divorced **Married**

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

7. Birth date of deceased **November 26, 1895**
(Month) (Day) (Year)

Immediate cause of death **Fractured skull sustained in automobile wreck**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **1706-8**

8. AGE: Years Months Days If less than one day

46 **11** **22** hr. min.

9. Birthplace **Near Stroud Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name **Unknown Woodruff**

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

14. Maiden name **Cynthia Douglas**

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

16. (a) Informant **Leland Douglas**

(b) Address **Shamrock Oklahoma**

17. (a) **Removal** (b) Date thereof **11-18-'42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gravette Arkansas**

18. (a) Signature of funeral director **Gravette Arkansas**

(b) Address **Gravette Arkansas**

19. (a) **11-18-42** (b) **Early Thompson**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 860**

(b) Date of occurrence **11-17-42**

(c) Where did injury occur? **McDonald Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Highway
While at work..... (Specify type of place) (e) Means of injury **Auto wreck**

23. Signature **W. H. Russell** (M. D. or other) **Coroner**

Address **Neosho Mo** Date signed **11-18-42**

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

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1242-1760

Date Filed DEC 14 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.....

Licensed Embalmer No.....

P. O. Address.....

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.