

Registration District No. 333

Primary Registration District No. 3074

Registrar's No.

100  
2050

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

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Sikeston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 313 Prosperity St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Months 3 Days (Specify whether  
In this community 2 Months 3 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
(c) City or town Sikeston (If outside city or town limits, write "RURAL")  
(d) Street No. 313 Prosperity St. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (c) PRINT FULL NAME Thomas Rhoades Moffatt

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced X 0  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 24 years (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 3 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Robert E. Moffatt  
13. Birthplace Sparta Illinois (City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Jane Rhoades  
15. Birthplace Farmer City Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Robert E. Moffatt  
(b) Address Sikeston Missouri

17. (a) Burial (b) Date thereof 12/28/42 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sparta, Illinois.

18. (a) Signature of funeral director H.W. Albritton  
(b) Address Sikeston Mo.

19. (a) 12/27/42 (b) Louise Largent (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 1942 hour 5 minute 45 a.m.

21. I hereby certify that I attended the deceased from 12-23-42 to 12-27-42 1942; that I last saw him alive on 12-23-42 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 days

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death) 108

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 Howard M. King (M.D. or other) 12-27-42  
Address Sikeston Mo. Date signed

RECEIVED

District Health Office No. 2,

District File Number 1242-1729

Date Filed 12-29-12

**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.....

.....Embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed: Hunter Albritton

Licensed Embalmer No. 4210

P.O. Address Sikeston 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.**