S. No. 2
M—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1922

Registration District No. FILED FEB 16 1943

Primary Registration District No. 5256

Registrar's No.

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

21
0
0

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Sumner Mo Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Cunningham Twp
(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 Chariton 21

(c) City or town Sumner Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lillie Ann Moffitt

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex MO

5. Color or race W

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

6. (b) Name of husband ~~or wife~~ Edward Moffitt

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

7. Birth date of deceased March (Month) 25 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	9	12	..... hr. ..... min.

9. Birthplace Sullivan Co Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name PW Reed
13. Birthplace Sullivan Co Mo 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances E Palmer
15. Birthplace Owen Co Ind. 6 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elmer Arnold
(b) Address Sumner Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Price Cemetery

18. (a) Signature of funeral director D L Leppard
(b) Address Mendon Mo

19. (a) 1-8/43 (Date received local registrar) (b) Ruth Stoner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 - year 1943 hour 11 minute 30 p M.

21. I hereby certify that I attended the deceased from 1934, 19..., to 1-6, 1943 that I last saw her alive on Jan 6, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	48 hrs
Due to Arteriosclerosis	10 yrs
Due to Nephritis	4 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 P

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 W. B. Simpson (M. D. or other) DO

Address Brookfield Mo. Date signed 1-8-43

1025

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-9-43

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 J. L. Neipard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.