G. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 18 1943

Registration District No. 69

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1938

Primary Registration District No. 4122

Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Christian

(b) City or town: Nixa, (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 years, months or days)

In this community: 2 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Prosperity (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country: /

3. (a) PRINT FULL NAME: Matilda Jane Mooney

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

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

4. Sex: F Male /

5. Color or race: White

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

6. (b) Name of husband or wife: Joseph Mooney

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

7. Birth date of deceased: Jan. (Month) 13, (Day) 1880 (Year)

8. AGE: Years 62 | Months 11 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: No Data (City, town, or county) Indiana / (State or foreign country)

10. Usual occupation: at home

11. Industry or business: home

FATHER
12. Name: Moses Sissel
13. Birthplace: No Data (City, town, or county) Virginia / (State or foreign country)

MOTHER
14. Maiden name: Mary Jones
15. Birthplace: No Data (City, town, or county) Arkansas / (State or foreign country)

16. (a) Informant: Mrs Kate Stiner

(b) Address: Nixa, Missouri

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

(c) Place: burial or cremation: Carterville Cemetery

18. (a) Signature of funeral director: Hedge-Nelson

(b) Address: Webb City, Missouri

19. (a) 12/26/42 (Date received by local registrar) (b) Edna B. Wood, Deputy (Registrar's signature)

1249

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 24 1942, 19..., to Dec 25, 19..., that I last saw her alive on Dec 24, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy — Duration: 12 hrs

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: J. T. Wade (M. D. or other)

Address: Ozark Mo. Date signed 12-26-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer, No. 6,
District File Number 143-56
Date Filed JAN 15 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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.