

14057

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAY 7 1948 73
Registration District No. _____

Primary Registration District No. 4132

Registrar's No. 28

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town HOLT
(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
In this community 84 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME MRS. MARY ELLEN CORUM MOORE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife ALBERT PENDELTON MOORE

6. (c) Age of husband or wife if alive 77 years 12th (Day) 1858 (Year)

7. Birth date of deceased May (Month) _____ (Day) _____ (Year)

8. AGE: Years 84 Months 10 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace CLAY CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER

12. Name WILLIAM CORUM

13. Birthplace KENTUCKY
(State or foreign country)

14. Maiden name MELINDA ESTES

15. Birthplace CLAY CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Angela Peterson

(b) Address Kansas City Mo.

17. (a) Burial (b) Date thereof April 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch War Holt

18. (a) Signature of funeral director Leonard Jay

(b) Address Kearney Mo.

19. (a) April 3 1948 (b) Kelise Early
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY

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

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day FIRST
year 1948 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from NOVEMBER 25, 1942 to APRIL 1st, 1948; that I last saw her alive on APRIL 1st, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS

Duration 8-10 yrs.

Due to MYOCARDIAL DEGENERATION

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?

While at work _____ (Specify type of place)

(s) Means of injury _____

23. Signature John Stuebel (M. D. or other) D. O.
Address HOLT, MO. Date signed 4/2/48

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

City of _____

Date Recd. 5-5-43

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 Leonard Fay

Licensed Embalmer No. 1677

P. O. Address Hearney 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, above space should be left blank.