. S. No. 2
M—9-4-41
. 5-17-39
I X29484

24
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17648

FILED JUN 3 1943

Registration District No. 71

Primary Registration District No. 30-12-5-288 Registrar's No. 260

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Rural, Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Northwest of Excelsior Springs
(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 Clay 24 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Northwest of Excelsior Springs
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henrietta Moore

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race W

6. (a) Single, widowed, married, divorced 2 W

6. (b) Name of husband or wife Benjamin T. Moore

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

7. Birth date of deceased Dec (Month) 8 (Day) 1860 (Year)

8. AGE: Years 82 Months 4 Days 19 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Pasley Crossett
13. Birthplace Clay Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Julia Morrow
15. Birthplace Clay Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Julia Dagley
(b) Address Northwest of Excelsior Springs

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Claude Fricke
(b) Address Excelsior Springs Mo

19. (a) 4-29-43 (Date received local registrar) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. 27 day 27 year 1943 hour 10 40 minute a. M.

21. I hereby certify that I attended the deceased from Feb. 2nd, 1942, to Apr. 27, 1943 that I last saw her alive on Apr. 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arterio-sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 830

Major findings:
Of operations none
Of autopsy none

Duration

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 Orton Dawson (M. D. or other) MD
Address Excelsior Springs Mo Date signed 4-28-43

1166 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 4-29-43

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs, 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.