No. 2
—1-4-41
5-17-39
X26390

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. 17796

FILED JUN 11 1943

Registration District No. ____ Primary Registration District No. 5426 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Labadie Mo. Boles Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Labadie Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 80 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36 0

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

(d) Street No. Boles Twp (If rural, give location)

(e) Citizen of foreign country? no — (Yes or No) 0

If yes name country

3. (a) PRINT FULL NAME HANNA ETTA MOORE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thaddeus B. Moore

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased April (Month) 12 (Day) 1857 (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	0	11	hr. min.

9. Birthplace Jackson Co. (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm L. Phillips
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Gail Phillips

(b) Address Labadie Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation Labadie

18. (a) Signature of funeral director Otto & Co.

(b) Address Washington Mo.

19. (a) April 24, 43 (Date received local registrar) (b) Blanch C. Fletcher (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22 year 1943 hour ✓ minute ✓ M.

21. I hereby certify that I attended the deceased from 4-10 1943 to 4-22 1943 that I last saw her alive on 4-20 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
Other conditions Hemiplegia (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 S. M. Denny (M. D. or other) M.D.

Address Union Mo. Date signed 4-23-43

(Licensed Embalmer's Statement on Reverse Side)

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 none

none, Registered Apprentice No. none

working under my personal supervision.

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.