S. No. 2
M—9-4-41
5-1[illegible]
FILED JUN 3 1943
Registration District No. 128 ~~316~~

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Atherton

State File No. 17884

Primary Registration District No. 2000

Registrar's No. 411

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: / 817 E. Page
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 77 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 9

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 817 E. Page
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Rose E. Moore

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Moore

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

7. Birth date of deceased June (Month) 23 (Day) 1865 (Year)

8. AGE: Years ✓ 77 Months 10 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Springfield (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Charles W. Scholten
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Clara Rountree
15. Birthplace Springfield (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Neva Scholten
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 5-20-43 (Date received local registrar) (b) Dr. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1943 hour 4 minute 30 a.M.

21. I hereby certify that I attended the deceased from 4-9, 1943, to 5-17, 1943
that I last saw her alive on 5-17-43, 19..;
and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis sub-acute — Duration: Six weeks

Due to

Due to

Other conditions Fibroid tuberculosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

13 b

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 Mary Jean Atherton (M. D. or other)

Address 333 E. McDaniel Date signed 5-19-43

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1946

JUN 11 1948

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.