S. 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 JUN 11 1943

See also 29623-43

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 19340

Registration District No. 370 Primary Registration District No. 6255 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Wayne

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

(c) Name of hospital or institution: 1 Community Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 22 yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Wayne

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

(d) Street No. Near Hiram
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANCIS LAYFETT MOYERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Nancy Moyers

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug (Month) 15 (Day) 1864 (Year)

8. AGE: Years 78 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Michael Moyers
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Sally Cheek
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Nancy Moyers
(b) Address Hiram, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Marquand, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville Mo. S.E. Graham

19. (a) May 29 1943 (Date received local registrar) (b) Inez Dennett (Registrar's signature)

1222

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 19 +1
year 1943 hour 9:00 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 1942
1 1942 to Jan 19 1943
that I last saw him alive on Jan 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Brights.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131 b

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 Adam F. Wagner (M. D. ~~or other~~)
Address Greenville Mo. Date signed 1-22-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 643 - 2260

Date Filed 6 - 5 - 43

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**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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.**