

21828

S. No. 2
-11-10-39
5-17-39
PI X2182

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED JUL 2 1943

Registration District No. 283

Primary Registration District No. 3037

Registrar's No. 106

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon
(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 Life time years, months or days

8. (a) PRINT FULL NAME Mrs G. B. Moore

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Female / race W.

5. Color of W.

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

6. (b) Name of husband or wife H. D. Moore

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

7. Birth date of deceased Feb. 9 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Mt. Vernon Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Leonard Williamson

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Ladie Williams

15. Birthplace Mt. Vernon Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. H. Moore

(b) Address Mt. Vernon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Williams Ceme

18. (a) Signature of funeral director H. D. Fassett

(b) Address Mt. Vernon Mo.

19. (a) 6-14-43 (Date received local registrar)

(b) Audley Crawford (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence

(c) City or town Mt. Vernon, Mo.
(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 June day 14
year 1943 hour 4:30 minute a M.

21. I hereby certify that I attended the deceased from Mar 30 to June 18 1943
that I last saw her alive on June 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Accident
Posterior

Due to Chr. myocarditis + Hypertension

Due to _____

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

Major findings: Of operations 938

Of autopsy _____

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? _____

23. Signature Benneth Glover MD (Specify type of place) (e) Means of injury _____

Address Mt. Vernon, Mo. Date signed 6/14/43

Duration

10 1/2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 643-734

Date Filed JUN 2 1949

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 Max L. Jassett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon, 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.