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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

21994

State File No.

JUL 10 1943

Registration District No. 213

Primary Registration District No. 5781

Registrar's No. 80

1. PLACE OF DEATH:

(a) County: Miller

(b) City or town: Lake Ozark Fire D.L.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Miller 66 0

(c) City or town: Lake Ozark 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME: William Isham Moon

3. (b) If veteran, name war: No

3. (c) Social Security No. 344-18-6025

4. Sex: MALE

5. Color or race: White

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

6. (b) Name of husband or wife: Nellie C. Moon

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: May (Month) 26 (Day) 1880 (Year)

8. AGE: Years 62 Months 1 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace: Eldorado Spgs. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Broker

11. Industry or business: .....

FATHER
12. Name: William I Moon
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Clay
15. Birthplace: Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Nellie Moon
(b) Address: Lake Ozark, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Eldon Cemetery

18. (a) Signature of funeral director: Phillips Fun'l Home
(b) Address: Eldon, Mo.

19. (a) July 3 1943 (Date received local registrar) (b) C R Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30 year 43 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 1942 to 6-30 1943 that I last saw him alive on 6/29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

Due to: Hypertension

Due to: Chronic nephritis

Other conditions (Include pregnancy within 3 months of death): 9 3d

Major findings:
Of operations .....
Of autopsy .....

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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature: E. L. Miller (M. D. or other) MD
Address: Eldon Date signed: 8/30/40

448 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 43-52
Date Filed 7-7-43

AUG 5 1943

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 Louis D. Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Bedan

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.