S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24420

State File No.

FILED AUG 5 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 731

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Da (Specify whether years, months or days)
In this community 1 Da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Marshall 997 14
(c) City or town Marysville 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME WM F. Moyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced unknown

6. (b) Name of husband or wife

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

7. Birth date of deceased unknown (Month) 1869 (Day) (Year)

8. AGE: Years 74 | Months | Days | If less than one day hr. min.

9. Birthplace unknown (City, town, or county) 9 (State or foreign country)

10. Usual occupation Retired R.R. Tel. Operator

11. Industry or business

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

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

16. (a) Informant St Joseph Hosp. Records
(b) Address St Joseph Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Marysville Kans

18. (a) Signature of funeral director Freeman & Son
(b) Address 1946 Colfax St.

19. (a) 6-25-43. (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 25 1943 to June 25 1943 that I last saw him alive on June 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerosis general
Cerebral hemorrhage
Due to — hemiplegia, left

Due to

Other conditions (Includes pregnancy within 3 months of death)

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 S. P. Lemon M.D. (M. D. or other)
Address St. Joseph, Mo Date signed 6-26-43

(Licensed Embalmer's Statement on Reverse Side)

6 8 8

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 Robert R Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.