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 5-17-39  
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25883

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 9 1948  
 Registration District No. 298

Primary Registration District No. 6023

Registrar's No. 14

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

89  
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1. PLACE OF DEATH  
 (a) County Ray  
 (b) City or town Rural, Emburytown  
 (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)  
 In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Ray  
 (c) City or town Rural (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 \_\_\_\_\_

3. (a) PRINT FULL NAME Abner M. Moyer  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 28-43  
10 hour 40 minute A. M.

4. Sex Male 5. Color or Race wh.  
 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Aug 30 to June 28 1943  
 that I last saw him alive on June 1 1940  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

7. Birth date of deceased: June 9-1852  
 (Month) (Day) (Year)

Advanced Arteriosclerosis  
Indef.

8. AGE: Years 91 Months 19 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Advanced age

9. Birthplace Rockingham Co. Va. 1  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farmer  
 11. Industry or business \_\_\_\_\_  
 12. Name Mills Moyer  
 13. Birthplace Va. 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Rebecca Lovi  
 15. Birthplace Va. 1  
 (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Arthur Moyer  
 (b) Address Richmond Mo  
 17. (a) Rural (b) Date thereof 7-7-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New Hope Cemetery  
 18. (a) Signature of funeral director Wesley Cowley  
 (b) Address Paul Mo  
 19. (a) 7-7-43 (b) Wesley  
 (Date received local registrar) (Registrar's signature)

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 W. G. Gainer MD (M. D. or other) \_\_\_\_\_  
 Address Richmond Mo Date signed June 29 43

1143

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

8-6-43

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 \_\_\_\_\_

*J. A. Alspinger*

Licensed Embalmer No. \_\_\_\_\_

2408

P. O. Address \_\_\_\_\_

Palo Alto

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.