

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

2
12
32875

ED SEP 13 1943
Registration District No. 324

Primary Registration District No. 6093

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Rural Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saline County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 78 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Saline
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Saline County Home
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mandy Moore
3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 17
year 1943 hour 5 minute P.M.

4. Sex Female 5. Color or race Black
6. (a) Single, widowed, married, divorced Single
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 16
1943 to Aug 17 1943
that I last saw her alive on Aug 16 1943
and that death occurred on the date and hour stated above.

7. Birth date of deceased Unknown 1857
(Month) (Day) (Year)
8. AGE: Years 86 Months ✓ Days ✓ If less than one day
_____ hr. _____ min.

Immediate cause of death Ch. Nephritis Duration 3 Mos.
Due to _____
Due to _____

9. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
10. Usual occupation none

Other conditions 1318
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Unknown
13. Birthplace " 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace " 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant J. W. Adams
(b) Address Marshall Mo
17. (a) Burial (b) Date thereof Aug. 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem.
18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall Mo
19. (a) Aug. 18, 43 (b) Mrs T. O. Westcott
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following no
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? none (Specify type of place) (e) Means of injury none
23. Signature Robt Marshall (M. D. or other) _____
Address Marshall Mo Date signed 9-18-43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-10-43

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. W. Campbell

Licensed Embalmer No.

3469

P. O. Address

Marshall ms.

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.