

FILED OCT 22 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 250

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Indip, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution Sept 22nd to 6 Sept 27-1943
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Decatur

(c) City or town La Mon
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route # 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Eless Merina Moon

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Willard Moon

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan 18- 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

46 yrs 8 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER { 12. Name Frank J. Zeldbach

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

14. Maiden name Anka Modjeson

15. Birthplace Hamburg, Germany (City, town, or county) (State or foreign country)

16. (a) Informant Arne Moon

(b) Address Indip, Indp. Mo.

17. (a) Removal Removal (b) Date thereof 9/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill La Mon, Mo.

18. (a) Signature of funeral director Conley Funeral Home

(b) Address Indip, Mo.

19. (a) 9-27-1943 (Date received local registrar) (b) James W. Rosa (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 22 to Sept 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Berigarditis with effusion

Due to Subphrenic abscess 1 yr

Due to Empyema of gallbladder 1 yr

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

Duration 6 days

Major findings: Emp of l. & R. Ovarian

Of operations none

Of autopsy none

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)

23. Signature W. B. Green (M. D. or other)

Address _____ Date signed 9/27/43

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

George M. Collier

Licensed Embalmer No.

3839

P. O. Address

Indep. 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.