

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38692

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

Registrar's No. 61

Registration District No. 2648

Primary Registration District No. 4320

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

1. PLACE OF DEATH:

(a) County Marion

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Palmyra  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Jimmie Lyle Moore

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28  
year 1943 hour 3 minute 50 AM.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife B. F. Moore 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 26-1857  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May, 1940, to Nov., 27, 1943;  
that I last saw her alive on Nov., 27, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

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

86 I 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

10. Usual occupation House wife

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James M Lyle

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

14. Maiden name Martha Bonnell

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

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? \_\_\_\_\_

16. (a) Informant Miss Cathorine Moore

(b) Address Palmyra Mo.

17. (a) Palmyra Mo. (b) Date thereof II-30-1943  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetary

18. (a) Signature of funeral director A. M. Sprague

(b) Address Palmyra Mo.

19. (a) 11-29-43 (b) Mrs. Margaret Maddox  
(Date received local registrar) (Registrar's signature)

23. Signature M. M. ... (M. D. or other) \_\_\_\_\_

Address Palmyra Mo. Date signed Nov. 29, 1943.

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**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..... *A. M. Sprague* .....,  
Licensed Embalmer No. *999* .....,  
P. O. Address..... *Palmyra 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.**