

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 48307
Registrar's No. 1000

FILED DEC 27 1943
Registration District No. 1283

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE
SPRINGFIELD MO.

(b) City or town SPRINGFIELD

(c) Name of hospital or institution: 904 E. COMMERCIAL ST.
SPRINGFIELD MO.

(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

3. (a) PRINT FULL NAME SARAH F. MOORE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife unk.

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

7. Birth date of deceased: MARCH 1 1888
(Month) (Day) (Year)

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

75 9 9 hr. min.

9. Birthplace LACLEDE Co. MO. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business In Home

MOTHER FATHER

12. Name Edward Holman

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

14. Maiden name unk.

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

16. (a) Informant Mrs. Jewell Campbell

(b) Address SPRINGFIELD MO.

17. (a) (b) Date thereof Dec. 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J. W. Kingnet & Co

(b) Address SPRINGFIELD MO.

19. (a) 12-11-43 (b) J. W. Kingnet & Co
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE

(c) City or town SPRINGFIELD

(d) Street No. 904 E. Commercial St
(If outside city or town limits, write "RURAL") (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 16 1943 to Dec 10 1943
that I last saw him alive on 12-9-43
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis Duration 2-38 MO

Due to J. H. P.

Due to J. H. P.

Other conditions Metas: tax & liver
(Include pregnancy within 3 months of death) Chlor

PHYSICIAN

Major findings: none

Of operations _____

Of autopsy _____

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) ind

(b) Date of occurrence _____

(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?
none

While at work? none (Specify type of place)

(e) Means of injury none

23. Signature J. F. Frequent (M. D. or other)

Address Springfield Date signed 12/16/43

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 *Ray A. Bairn*

Licensed Embalmer No. *1763*

P. O. Address *Springfield*

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.

X