

No. 2
9-4-41
17-39
X2984

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43384**

FILED DEC 17 1943

Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Pike County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1/2 hours (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike

(c) City or town Rockport Ill
(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 Laura Jean Mooney

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 28 1930
(Month) (Day) (Year)

8. AGE: Years 13 Months 6 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation student

11. Industry or business none

12. Name Charles Sanders Mooney

13. Birthplace Pike County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Pola Allen Houtzschner

15. Birthplace Pike County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Sanders Mooney

(b) Address Rockport Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Miller Cemetery, Atlas

18. (a) Signature of funeral director Gerald P. Frey

(b) Address Liberty, Ill.

19. (a) 11/14/43 (Date received local registrar) (b) Geney H. Dept (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14th
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-14, 1943 to 10-14, 1943
that I last saw her alive on 10-14-43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute nephritis

Due to Acute Fever

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: renal

Of operations _____

Of autopsy none

Duration _____

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 none

(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 _____? (Specify type of place) (e) Means of injury _____

23. Signature Geney H. Dept (M. D. or _____)

Address Louisiana Date signed 11/14/43

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

2
2
1

RECEIVED

District Health Officer No. 10

District File Number 12-73-1948

Date Filed DEC 14 1943

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

Illinois

Gerald P. Frey

Licensed Embalmer No.

5707

P. O. Address

Liberty, Ill.

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.