

FILED FEB 10 1944

Registration District No. 376

Primary Registration District No. 3058

Registrar's No. 10

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
116 Boonslick /  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 116 Boonslick  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

James Moraty

3. (b) If veteran, name war

None

3. (c) Social Security No.

None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ida Dixon 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased September 26, 1863  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8, 1944  
year 1944 hour 6 minute 30 A. M.  
21. I hereby certify that I attended the deceased from 12/18/  
12/18 1943 to 1/8/ 1944  
that I last saw him alive on 1/8 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Carcinoma of stomach Duration  
2 mo.

8. AGE: Years 80 Months 3 Days 12 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

9. Birthplace Pike County Missouri  
(City, town, or county, (State or foreign country)

10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name John Moraty  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Leach  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Moraty  
(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof Jan. 10, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Waltermann Baum

(b) Address 326 N 6th St, St. Charles, Mo

19. (a) Jan 10, 1944 (b) Ernest L. Paul  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Ernest L. Paul M. D.  
Address 106 Washington St. Date signed 1/8/44

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

MOTHER FATHER

1340

**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..... *Arthur E. Paul* .....

Licensed Embalmer No..... *2155* .....

P. O. Address: *St Charles* .....

**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.**