

S. No. 2
-11-10-39
5-17-39
P-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11686**

FILED APR 10 1944

Registration District No. _____

Primary Registration District No. **3049**

Registrar's No. **11**

28
2
1

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

1. PLACE OF DEATH: **Remio**

(a) County _____

(b) City or town **Hart**
(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 **5 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Remio**

(c) City or town **Hart**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Rosie Moore**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar**, day **10**
year **1944** hour **3** minute **P.** M.

4. Sex **Female** 5. Color or race **col**

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

6. (b) Name of husband or wife **Joe Moore**

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

7. Birth date of deceased: **3** (Month) **26** (Day) **1909** (Year)

21. I hereby certify that I attended the deceased from **Only on Mar., 8th, 1944** to _____, 19____; that I last saw her alive on **March 8th, 44** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	34	11	14	hr. _____ min. _____

Immediate cause of death **Apoplexy**

Due to **Unknown**

9. Birthplace **Crenshaw** (City, town, or county) **Miss 1** (State or foreign country)

Due to _____

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

10. Usual occupation **housekeeping**

11. Industry or business **home**

Major findings: _____

Of operations _____

12. Name **William Johnson**

13. Birthplace **Centerville** (City, town, or county) **Miss 1** (State or foreign country)

Of autopsy **No**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

14. Maiden name **Robinson**

15. Birthplace **Centerville** (City, town, or county) **Miss 1** (State or foreign country)

16. (a) Informant **Mattie Lewis**

(b) Address **Hart MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3. 15-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Hart - MO**

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? _____

18. (a) Signature of funeral director **Hart - MO**

(b) Address **Hart - MO**

While at work? _____ (Specify type of place) (a) Manner of injury _____

23. Signature **A. A. Reader** (M. D. or other)

19. (a) **3-10-44** (Date received local registrar) (b) **3-10-44** (Registrar's signature)

Address **Portageville, Mo.** Date signed **3-11-44**

1327

3-44-55

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.....

Licensed Embalmer No.

P. O. Address.....

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, above space should be left blank.