

S. No. 2
DM-5-43
v. 5-17-39
I X36871

18361

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 12 1944
Registration District No. 1040

Primary Registration District No. 5579

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Jasper Co. T B Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 months
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Leona Moore

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-14-3161

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 16 1920
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>2</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Marion Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Higge

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

14. Maiden name Hester Smith

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

16. (a) Informant Records

(b) Address _____

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof May 7, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau Mo

18. (a) Signature of funeral director Wedge Nelson

(b) Address Wedge Nelson, Mo

19. (a) May 7 1944
(Date received local registrar)

(b) Mrs. Miller Eagle
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Geel St.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1944 hour 6 minute 45a M.

21. I hereby certify that I attended the deceased from Dec 16 1943 to May 7 1944
that I last saw her alive on May 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous

Due to _____

Due to _____

Other conditions 13 ft 1
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury 0

23. Signature John E. Dargatzis (M. D. or _____)
Address Wedge City Mo Date signed 5/7/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

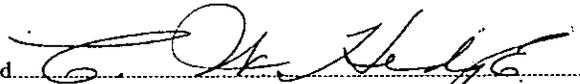
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44-5-468

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.....

2859

P. O. Address.....

Tabb City, Md

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.