

FILED AUG 10 1944

Registration District No. ....

Primary Registration District No. 40025007 Registrar's No. 182

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

**1. PLACE OF DEATH:**  
 (a) County Adair  
 (b) City or town Brushers (Rural)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Salt River  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether)  
 In this community 40 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO. (b) County Adair  
 (c) City or town Brushers (Rural)  
 (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 0

**3. (a) PRINT FULL NAME** CHARLES C. MOONEY  
 3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month July day 20  
 year 1944 hour 7.6 minute 45 P.M.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced M  
 (b) Name of husband or wife Hannah Mooney  
 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased July 5 1868  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20 1944 to July 20 1944  
 that I last saw him alive on July 20 1944  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Carcinoma of Sigmoid colon

**8. -AGE:** Years 76 Months 0 Days 18  
 If less than one day hr. .... min.

Due to .....  
 Due to .....  
 Other conditions (Include pregnancy within 3 months of death) H62

9. Birthplace La Salle Ill  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer  
 11. Industry or business ✓

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

MOTHER FATHER

12. Name James Mooney  
 13. Birthplace see 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name May Kathburn  
 15. Birthplace see 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Betha Zutz  
 (b) Address Brushers, MO.  
 17. (a) Burial (b) Date thereof 7-27-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Brushers Cemetery  
 18. (a) Signature of funeral director J. P. Enley  
 (b) Address Brushers, MO.  
 19. (a) 7-25-44 (b) Mr. J. Wayne  
 (Date received local registrar) (Registrar's signature)

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?  
 (Specify type of place)  
 While at work? no Means of injury 200  
 23. Signature A. M. Ferguson (M.D. or other) 200  
 Address Brushers, MO Date signed 7/24/44

1049

RECEIVED

District Health Officer No. 10

District File Number 8-4-1389

Date Filed AUG 9 1944

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 Foster T. Ewald

Licensed Embalmer No. 1146

P. O. Address Brusher, Mo

**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.**