

FILED AUG 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23990

Registration District No. 2

Primary Registration District No. 4009

Registrar's No. 63

1. PLACE OF DEATH:

(a) County... ANDREW
(b) City or town... SAVANNAH MO
(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... 1
(Specify whether
In this community...
years, months or days)

3. (a) PRINT FULL NAME HARRY D. MOYES

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife MARY J. KING MOYES 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased JUNE 5 1954 (Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 6 If less than one day hr. min.

9. Birthplace HARMERSVILLE PENN. 1 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business

12. Name GEORGE MOYES

13. Birthplace SCOTLAND 4 (City, town, or county) (State or foreign country)

14. Maiden name ANN CLETON (City, town, or county) (State or foreign country)

15. Birthplace SCOTLAND 4 (City, town, or county) (State or foreign country)

16. (a) Informant Alice Workman

(b) Address Savannah Mo.

17. (a) (b) Date thereof 7 14 '44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star

18. (a) Signature of funeral director Morse Breit

(b) Address Savannah Mo.

19. (a) 7-12-44 (b) JH Fritchman (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb 32
(c) City or town Union Star 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1944 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 7, 1944, to July 11, 1944 that I last saw him alive on July 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 Day.

Due to Arterio-sclerosis ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

Of autopsy

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

(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? (e) Means of injury 2

23. Signature Clifford L. Stidley or other All

Address Savannah Mo Date signed 7/12/44

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

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.....

Mary R. Breit

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Mary R. Breit

Licensed Embalmer No. *5038*

P. O. Address. *Savannah 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.