V. S. No. 2
0M—8-43
ev. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24367

FILED AUG 8 1944

Registration District No. _____ Primary Registration District No. 3011 Registrar's No. 69

1. PLACE OF DEATH:
(a) County: Carroll
(b) City or town: Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 510 Crouch St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: _____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Carroll 17
(c) City or town: Carrollton 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 510 Crouch St. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: George Ernest Moeller
3. (b) If veteran, name war: _____
3. (c) Social Security No.: _____
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Margaretha Brockmeier
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: February (Month) 6 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
81	5	25	hr. ___ min.

9. Birthplace: Unknown (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: _____
FATHER
12. Name: Unknown Moeller
13. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Julius Moeller
(b) Address: Carrollton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/3/1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill
18. (a) Signature of funeral director: Standley Funeral Home
(b) Address: Carrollton, Mo.
19. (a) 8-3-44 (Date received local registrar) (b) Mrs James Rafferty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1944 hour 5:30 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 22, 1944, to July 31, 1944 that I last saw him alive on July 31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Broken right femur — Duration 1
Due to: Fall — 10 da.
Due to: Infirmities of old age
Other conditions (Include pregnancy within 3 months of death): _____
Major findings: Of operations: _____
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): Accident
(b) Date of occurrence: July 31, 1944
(c) Where did injury occur? Hamilton, Caldwell Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury: Fall
23. Signature: R. Hamilton Staton (M.D. or other) M.D.
Address: Carrollton, Mo. Date signed: Aug 3/44

1053

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 8-7-41

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 John A. Cantlon, Registered Apprentice No. 356, working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.