

S. No. 2
M-9-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30394**

FILED OCT 11 1944

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 251

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

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Turkville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Nurses Home #4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 In this community Entire life
 (years, months or days) Specify whether

3. (a) PRINT FULL NAME John Henry Moffett

3. (b) If veteran name war ✓ (c) Social security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Laura Moffett 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased Mar 19 1874
 (Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 8 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Wm Moffett

13. Birthplace

14. Maiden name Ansie M S Peters

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

16. (a) Informant Leander J. Moffett

(b) Address Avenal Calif. P.O. Box 148

17. (a) Burial (b) Date thereof Sept 29-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetery North of Turkville

18. (a) Signature of funeral director Memphis Mo

(b) Address 9-29-44

19. (a) 9-29-44 (b) Mr. J. L. Wagoner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland
 (c) City or town Memphis 99
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
 year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 23
 1944 to Sept 27 1944
 that I last saw him alive on Sept 27 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Vasomotor Collapse
 Due to Myeloperoxidase Leucemia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 13a

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)

Date of occurrence

Where did injury occur? (City or town) (County) (State)

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 M. T. Lutenscher (M.D. or other) Dr.

Address Turkville, Mo. Date signed 9-

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-44-1717

Date Filed OCT 16 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 Fred Ernst

Licensed Embalmer No. 4256

P. O. Address Memphis

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.