

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X3687

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **34205**

FILED NOV 14 1944
Registration District No. **120**

Primary Registration District No. **4198**

Registrar's No. **110**

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

1. PLACE OF DEATH:
 (a) County Gentry
 (b) City or town King City 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) 1
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____ 50 years
years, months or days)

3. (a) PRINT FULL NAME Ida Florence Moffitt.
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

4. Sex Female. **5. Color or race** Cau.
6. (a) Single, widowed, married, divorced, widow. Widow.
6. (b) Name of husband or wife. Curtis L.
6. (c) Age of husband or wife if alive. 8 years
7. Birth date of deceased. Sept. 8 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 5
 If less than one day _____ hr. _____ min.

9. Birthplace. Guthrie Co. IOWA.
(City, town, or county) (State or foreign country)

10. Usual occupation. Housework.

11. Industry or business
12. Name Benjamin Davis.

13. Birthplace. Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace. Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ernest Stegman
(b) Address King City Mo. R.R.

17. (a) (Burial, cremation, or removal) Burial. **(b) Date thereof** 10.16.1944
(Month) (Day) (Year)

(c) Place: burial or cremation. Berlin Mo.

18. (a) Signature of funeral director Rob. Taggart
(b) Address King City Mo.

19. (a) (Date received local registrar) Oct 16-1944 **(b) (Registrar's signature)** Harvey N. Webster

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Gentry **38**
 (c) City or town King City Mo. **2**
(If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1944 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 19 44 to Oct 13 19 44
 that I last saw her alive on Oct 13 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis & myo cardial degeneration **8 year**
 Duration _____

Due to _____

Due to _____

Other conditions 930
(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) Means of injury

23. Signature Jack & Barnes (M. D. or other) **DO**
Address King City, MO **Date signed** 10/16/44

PHYSICIAN

 Underline the cause to which death should be charged statistically.

1108

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1956

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 R. G. Taggart -

Licensed Embalmer No. 2563.....

P. O. Address King City 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.