

S. No. 2
M-8-43
5-17-39
1 X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10892
Registrar's No. 73

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 6 1945
Registration District No. 6

Primary Registration District No. 5258

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

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Rogersville, Mo. RR.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Edin Grove District
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community most of her life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Christian
(c) City or town Rogersville, Mo. RR.
(If outside city or town limits, write "RURAL")
(d) Street No. Edin Grove District
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Meta, A. Moore
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 22
year 1944 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex F | 5. Color or race W. | 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 27 1900
(Month) (Day) (Year)

Immediate cause of death Pertussis
Not to be used
Due to Lord Buevils
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1228

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>11</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace Christian Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation House work

11. Industry or business _____
12. Name Wiley A. Moore
13. Birthplace Christian Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy E. Gray
15. Birthplace Christian Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Nancy E. Moore
(b) Address Rogersville Mo RR
17. (a) Burial (b) Date thereof Nov 23 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Roller Cemetery T. B. Chaffin
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 1228-44 (b) Mrs S. M. Johnson
(Received local registrar) (Registrar's signature)

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) _____
(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) (e) Means of injury Car
23. Signature M. D. ... (M. D. or other) _____
Address Frank Mo Date signed 12/1-44

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address. Ozark 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.