

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41445
Registrar's No. 74

FILED JAN 12 1945
Registration District No. 172

Primary Registration District No. 4272

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

400

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Waverly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home
(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 60 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Waverly 5
(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

3. (a) PRINT FULL NAME May Mary Moore

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Moore 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased April (Month) 21 (Day) 1969 (Year)

8. AGE: Years 75 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Unknown (City, town, or county) Mo. (State of foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Plattner
13. Birthplace Unknown (City, town, or county) Germany (State of foreign country) 4
14. Maiden name Anna Roy Craft
15. Birthplace Unknown (City, town, or county) Ireland (State of foreign country) 4

16. (a) Informant Mrs. Arthur Steele

(b) Address Waverly, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Nabo

18. (c) Signature of funeral director Marshall Funeral Home

(b) Address Carrollton, Mo.

19. (a) 12-24-1944 (Date received local registrar) (b) Dr. W. A. Braecklein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1944 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from 8-2- 1943 to 12-22- 1944
that I last saw him alive on 12-21- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis chronic abd 240

Due to _____

Due to _____

Other conditions Nephritis chronic 6 mo
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 121

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 _____

23. Signature Geo. A. Kelling (M. D. or other) _____
Address Waverly Mo Date signed 12-24-44

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1-10-45

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

John A. Cantlon

Licensed Embalmer No. 4387

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.