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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1945

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DeWitt Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days  
(Specify whether years, months or days)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Rural (Liberty Township)  
(If outside city or town limits, write "RURAL")

(d) Street No. ....  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. U

3. (a) PRINT FULL NAME Mrs. Fern Moore

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27  
year 1944 hour 7 minute 15P. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leon Moore

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 24, 1922  
(Month) (Day) (Year)

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

Immediate cause of death Sepsis Duration

8. AGE: Years Months Days If less than one day

22 1 3 hr. min.

Due to Generalized Peritonitis

Due to Ruptured appendix

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Pulaski Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

PHYSICIAN

Major findings: Of operations 12/27/44

Of autopsy

Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name Carl Clark

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Nora Dailey

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

16. (a) Informant Carl Clark

(b) Address Hazel Green, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1-3-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Hazel Green, Mo.

18. (a) Signature of funeral director J. L. Hoops & Sons.

(b) Address Crocker, Mo.

19. (a) Jan 14 1945 (Date received local registrar)

Charles M. Dodd (Registrar's signature)

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) (s) Means of injury .....

23. Signature R. O. DeWitt (M. D. or other) DO

Address Waynesville, Mo. Date signed 1-1-45

1170

**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 Paul B. Hooper  
Licensed Embalmer No. 3261  
P. O. Address Waynesville, N.C.

**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.**