

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12930

FILED APR 23 1945

Primary Registration District No. 5152

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Polo Rural Church
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Prudy J. Moppett

3. (b) If veteran, name war _____

3. (c) Social Security No. 1

4. Sex Female / Color or race White

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

6. (b) Name of husband or wife A. J. Moppett

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

7. Birth date of deceased May 1 - 1892
(Month) (Day) (Year)

8. AGE: Years 92 Months 10 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Ray co. Mo (City, town, or county) Mo (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Moses Yoakum

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

14. Maiden name Elizabeth Grimes

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

16. (a) Informant Betty McLaugh

(b) Address Polo Mo.

17. (a) Burial (b) Date thereof 3-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knobville Mo

18. (a) Signature of funeral director Alpenaugh & Cowley

(b) Address Polo Mo

19. (a) Mar. 16-45 (b) Carroll J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

(c) City or town Polo Rural / 5
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1945 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 5, 1945, to March 6, 1945, and that I last saw her alive on March 6, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Exhaustion Duration 1 day

Due to lobar pneumonia 2 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 108

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 Cheriton M.D. (M.D. or other) _____

Address Polo Mo Date signed 3-7-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.