

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24051

State File No. \_\_\_\_\_

FILED AUG 24 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 3021

Registrar's No. 348

1. PLACE OF DEATH:

(a) County Gundy

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

(c) Name of hospital or institution: Home 308 E 6th st. 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 Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gundy 110

(c) City or town Jenison 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 308 E 6th st. 2  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIZABETH FRANCES MOORE

3. (b) If veteran, name war NO

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1945 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from Jan. 1st 1943, to July 7th 1945; that I last saw her alive on July 7th 1945; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Rex Moore 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct 23 1879  
(Month) (Day) (Year)

Duration \_\_\_\_\_

Chr. Myocarditis 2 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

65 8 14 — hr. — min.

9. Birthplace Gundy Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: 938

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business Home

12. Name John Embury

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

14. Maiden name Arbuckle

15. Birthplace Ky 1  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury 3 m. D

23. Signature Oliver F. Duff (M. D. or other) M.D.

Address Jenison Mo Date July 9th 1945

16. (a) Informant Rex Moore

(b) Address 308 E 6th st.

17. (a) Burial (b) Date thereof July 9 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Embury Park Burial Home

18. (a) Signature of funeral director Wesley Funeral Home

(b) Address 1314 Cedar Jenison

19. (a) 7-9-45 (b) L. J. Roberts  
(Date received local registrar) (Registrar's signature)

1330

(Licensed Embalmer's Statement on Reverse Side)

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

0  
1  
2

**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 *Wesley H. Bradford*  
Licensed Embalmer No. *4370*  
P. O. Address *Stenton 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.**