S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 33675

Registration District No. 104 Primary Registration District No. 5418 Registrar's No. 3

**1. PLACE OF DEATH:**

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution No (Specify whether
In this community 6 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Dunklin

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Lafa Moore

3. (b) If veteran, name war —

3. (c) Social Security No. No

4. Sex F /

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, divorced W /

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

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

7. Birth date of deceased November (Month) 9 (Day) 1878 (Year)

8. AGE: Years 66 Months 11 Days 5 If less than one day — hr. — min.

9. Birthplace Tuckerman (City, town, or county) Ark. / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Daughety
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) Ukn (State or foreign country)

16. (a) Informant Ruth Hoosier /
(b) Address Malden, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10-16-45 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ New Malden Cemetery

18. (a) Signature of funeral director Lloyd Russell
(b) Address Piggott, Ark

19. (a) 10-16-45 (Date received local registrar) (b) J. D. Schouman (Registrar's signature)

1442

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10 day 14
year 45 hour — minute — M.

21. I hereby certify that I attended the deceased from Oct 13, 1945, to Oct. 13, 1945
that I last saw her alive on Oct 13, 1945
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocarditis with Dropsy | 6 mo |
| Due to — | |
| Due to — | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations — | |
| Of autopsy — 930 | |

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature G. C. Carlton (M. D. or other) DO
Address Malden Date signed Oct 5/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carlstrom
Malden, Mo.

RECEIVED
District Health Office No. 2,
District File Number 1145-3198
Date Filed 11-3-45

## 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.**